



2008 Statewide NCLB Parental Involvement Conference

Galveston Island Convention Center

December 4-6, 2008

Galveston Island, Texas



Conference Registration Form

You may also register online at www.esc16.net. (Click on 2008 Statewide NCLB Parental Involvement Conference)

For hotel information, see page 8 of this brochure, or visit our web site at www.esc16.net.

DOES NOT INCLUDE PRE-CONFERENCE REGISTRATION

Please complete **all** portions of the registration form. Incomplete registrations will be returned to sender.

Please Print

First Name: _____ MI: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: () _____ Fax: () _____

Emergency Contact: _____ Emergency Phone: () _____

Please check all that apply: Administrator ESC Staff Title I Coordinator Teacher Parent
 Counselor Parent Liaison Agency Rep. Paraprofessional/Support Staff

District/Organization _____ ESC #: _____

Level: Pre-K K-5 6-8 9-12 13+ All

I require an interpreter: Spanish Sign Language | Special needs: Vegetarian Wheelchair Accessible
 Other _____

CONFERENCE REGISTRATION FEES (Starting Thursday, December 4, 2008, 2:00 p.m.) (Does not include pre-conference registration)

<input type="checkbox"/> Online Registration (until 11/7/08) \$175	<input type="checkbox"/> FAX or Mail Registration (until 11/7/08) \$200	<input type="checkbox"/> On-site Registration (If space available) \$250
<input type="checkbox"/> Late Online Registration (after 11/7/08) \$225	<input type="checkbox"/> Late FAX/Mail Registration (after 11/7/08) \$250 (FAX & Mail registration not accepted after 11/21/08)	<input type="checkbox"/> Group Registration (accepted by Fax only; minimum 8 people must register together; discount available until 11/7/08.) \$150 ____ Number in Group

CONFERENCE REGISTRATION FEE TOTAL \$ _____

Conference sessions will be held at the Galveston Island Convention Center.
A portion of the registration funds will be used for college scholarships.

METHOD OF PAYMENT: (please check one) Please note: International Meeting Planners, Inc. will appear on your credit card statement for this charge.

VISA MasterCard Check Purchase Order # _____

Credit Card #: _____ Expiration Date: _____

Cardholder Name: _____

CC Billing Address: _____ City: _____ State: _____ Zip: _____

Original P.O. must be faxed to International Meeting Planners, Inc. at (361) 241-7913 no later than November 14, 2008 or registration will be cancelled.

Billing Agency: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Contact Person: _____ Phone: () _____

Make checks payable to: International Meeting Planners, Inc. (IMP)
Submit payment to: IMP
P.O. Box 10807, Corpus Christi, TX 78460-0807
Phone: (361) 241-4535 FAX: (361) 241-7913
Email: implanners@sbcglobal.net

Registration without method of payment will not be processed.
There will be a \$25 fee for returned checks. Do not send cash.
NO REFUNDS AFTER NOVEMBER 7, 2008.

To complete registration process, ensure that **all** portions of the form are filled in.