

**2009 Statewide NCLB Parental Involvement Conference
Westin Galleria Houston • November 19-21, 2009**

• Conference Registration Form •

You may also register online at www.esc16.net. (Click on 2009 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, November 19, 2009, 1:00 p.m.) (Does not include pre-conference registration)

Online Registration \$175 **FAX or Mail Registration** \$200 **On-site Registration** \$250
(until 10/16/09) (until 10/16/09) (If space available all registrations after 11/13/09)

Late Online Registration \$225 **Late FAX/Mail Registration** \$250
(after 10/16/09 until 11/13/09) (after 10/16/09 until 11/13/09)
(FAX/Mail registration not accepted after 11/13/09)

Group Registration \$150
(Accepted by FAX only; minimum 8 people must register together; discount available until 11/06/09.)
 Number in Group _____

For planning purposes only (No charge):

I plan to attend the buffet dinner on Thursday, November 19, 6:30 p.m. - 8:30 p.m.
 I plan to attend continental breakfast and sessions on Saturday, November 21.

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 October 30, 2009 or registration will be cancelled.

Billing Contact Person _____ Billing Address _____

City _____ State _____ Zip _____

Email _____ FAX _____ Phone _____

Make checks payable to IMP
 Submit payment to IMP/International Meeting Planners, Inc.
 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 October 30, 2009.

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