

NCCE 2012 Seattle

2012 Registration Form



NCCE 2012 • March 13-16, 2012 • Washington State Convention Center • Seattle
 Mail to: 1277 University of Oregon, Eugene, OR 97403 • Fax to: 541-346-3545

Name _____ Job title _____

School/Company/Organization _____ School district (N/A) _____

Mailing address (work home) _____

City _____ State _____ Zip _____ Country (if not USA) _____

Day phone _____ Cell phone _____ Fax _____

Attendee email _____ Alternate email _____

CONFERENCE REGISTRATION	By Feb. 10	After Feb. 10	Total	PAYMENT INFORMATION
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Full conference (Thurs. and Fri.)—NCCE Member	\$250	\$295	\$ _____
Full conference (Thurs. and Fri.)—NON Member	\$275	\$325	\$ _____
Thursday only registration	\$170	\$195	\$ _____
Friday only registration	\$170	\$195	\$ _____
Groups of 10 or more	\$215	\$215	\$ _____

Remit payment in U.S. dollars payable to NCCE.
 NCCE Federal Tax ID# 93-0671966

- Check
- Mastercard
- VISA
- Purchase order # _____

OPTIONAL ADD-ONS

Thursday boxed lunch with exhibitors		\$17	\$ _____
<input type="checkbox"/> Turkey Sandwich <input type="checkbox"/> Veggie Sandwich <input type="checkbox"/> Chicken Caesar Salad			
Friday boxed lunch with exhibitors		\$17	\$ _____
<input type="checkbox"/> Turkey Sandwich <input type="checkbox"/> Veggie Sandwich <input type="checkbox"/> Chicken Caesar Salad			
ISTE membership		\$89	\$ _____
Poetry Slam		\$15	\$ _____

Billing contact address _____
 City _____
 State _____
 Zip _____
 Country (if not US) _____

WEDNESDAY FULL-DAY SUMMITS

IT Summit	\$220	\$245	\$ _____
Teacher-Librarian Summit	\$220	\$245	\$ _____

Billing phone _____
 Cardholder name (print) _____

WORKSHOPS \$95 each by Feb. 10 • \$120 each after Feb. 10
 To register for TE26 or WA45 please contact registration department.

	1st Choice	2nd Choice	3rd Choice	
Tuesday evening				\$ _____
Wednesday morning				\$ _____
Wednesday afternoon				\$ _____
Wednesday evening				\$ _____
Thursday morning				\$ _____
Thursday afternoon				\$ _____

Card number _____
 Expiration date _____ CW2#
(3-digit code on back)

TOTAL REGISTRATION FEE \$ _____

Signature _____

CHECK BOXES THAT APPLY	JOB DESCRIPTION	WASHINGTON PEER COACH
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<p>How many NCCE Conferences have you attended?</p> <p><input type="checkbox"/> First time <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7 or more</p> <p><input type="checkbox"/> I would like to volunteer.</p> <p><input type="checkbox"/> I would like to request accommodations for an ADA defined disability. Describe: _____</p>	<p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Corporate</p> <p><input type="checkbox"/> Curriculum Specialist</p> <p><input type="checkbox"/> Staff Developer/Teacher Educator</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Teacher-Librarian</p> <p><input type="checkbox"/> Teacher/Faculty</p> <p><input type="checkbox"/> Tech Dir/Coord/Facilitator</p> <p><input type="checkbox"/> Tech Dir/Coord/Facilitator (infrastructure)</p> <p><input type="checkbox"/> Tech Dir/Coord/Facilitator (instructional)</p> <p><input type="checkbox"/> Other: _____</p>	<p>WASHINGTON PEER COACH</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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