

NCCE 2006 Registration Form

February 7-10, 2006

Mailing Address: NCCE 2006, 1277 University of Oregon, Eugene OR 97403-1277
 Fax Number: 541-346-3545

_____		_____	
LAST NAME	FIRST NAME		
_____		_____	
JOB TITLE	INSTITUTION		

ADDRESS			

CITY	STATE	ZIP CODE	COUNTRY (IF NOT U.S.)
_____		_____	
DAYTIME PHONE	SECOND PHONE		
_____		_____	
FAX	E-MAIL ADDRESS		
_____		_____	

NCCE MEMBERSHIP NUMBER (if known)

Conference Registration	By Jan 9	After Jan 9	Total
Full Conference (Thurs/Fri)	\$225	\$265	\$ _____
<i>Includes 1 year Membership</i>			
Groups of 10 or More	\$210	\$210	\$ _____
One Day Registration	\$150	\$170	\$ _____
<input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Full-time Students	\$60	\$60	\$ _____
Thursday-Boxed lunch with Exhibitors (optional)	\$16		\$ _____
<input type="checkbox"/> Turkey Sandwich <input type="checkbox"/> Ham Sandwich <input type="checkbox"/> Veggie Sandwich <input type="checkbox"/> Salad			
Friday-Boxed lunch with Exhibitors (optional)	\$16		\$ _____
<input type="checkbox"/> Turkey Sandwich <input type="checkbox"/> Ham Sandwich <input type="checkbox"/> Veggie Sandwich <input type="checkbox"/> Salad			
<input type="checkbox"/> ISTE Membership (optional)	\$69		\$ _____
<input type="checkbox"/> I will be attending the Thursday Evening Dinner and Social	\$16		\$ _____
<input type="checkbox"/> I want Wireless Connectivity for the duration of the conference	\$28		\$ _____

Workshops	1st Choice	2nd Choice	3rd Choice	
Tuesday Full-day \$289	TF03			
<i>Price includes MP3 Player</i>				
<i>Full-day includes a box lunch. Choose one: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Veggie</i>				\$ _____
Tuesday Morning \$95	TA01			\$ _____
Tuesday Afternoon \$95	TP02			\$ _____
Wednesday IT Summit \$190	WF04			
<i>Full-day includes a box lunch. Choose one: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Veggie</i>				\$ _____
Wednesday Morning \$95	_____	_____	_____	\$ _____
Wednesday Afternoon \$95	_____	_____	_____	\$ _____
Wednesday Evening \$95	_____	_____	_____	\$ _____
Thursday Evening \$95	_____	_____	_____	\$ _____

Handheld Workshops	
Wednesday Morning: Beginner Workshop for Using Windows Mobile - \$389	\$ _____
<i>Price includes an HP iPaq rx 1950</i>	
Wednesday Afternoon: Beginner Workshop for Using Palm OS Handhelds - \$299	\$ _____
<i>Price includes a Palm Tungsten E2</i>	
Wednesday Evening: Intermediate Workshop for Using Windows Mobile in Education - \$99	\$ _____
<i>Bring your own Windows Mobile Handheld and USB Sync Cradle</i>	

Total Registration Fee \$ _____

Payment Information

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

Check MasterCard Visa Purchase Order # _____

Billing Contact Address _____ Phone _____

City _____ State _____ Zip _____ Country (If Not U.S.) _____

Cardholder Name (Print) _____

Card Number _____ Exp Date _____

Signature _____

Check Boxes that Apply

How many NCCE conferences have you attended?

First Time 1-3 4-6 7 or more

I would like to serve as a session presenter:

Contact me regarding my ADA needs.
 Describe _____

I would like to be a volunteer

Please send academic credit information

Please send clock hour information

Yes, I am a member of my district or school's Technology Committee

Job Description

- Teacher
- Administrator
- Librarian/Media Specialist
- Technonology Coordinator
- Other

Work Environment

- Elementary
- Middle School
- High School
- School Administrative/ESD Office
- Community College
- College/University
- Trade School
- Other

Cancellation and Refund Policy

Cancellations and requests for refunds are accepted in writing via fax or e-mail by February 3, 2006. A \$50 fee will apply. NCCE will process approved refunds after the conference.