

Registration Information

Program Brochure with session titles and descriptions available at www.sdcaz.org

Name: _____
School District/Organization: _____
Position: _____
Address: _____

City/State: _____ Zip Code: _____
Phone Number: _____
Email: _____

Session Registration

Please indicate your top 3 session choices. All day sessions should be marked in both the morning and afternoon. If your #1 session is full, we may not be able to honor your 1st choice.

Day 1: Thursday, February 11th, 2010

AM: 1. _____ 2. _____ 3. _____

PM: 1. _____ 2. _____ 3. _____

Day 2: Friday, February 12th, 2010

AM: 1. _____ 2. _____ 3. _____

PM: 1. _____ 2. _____ 3. _____

How did you hear about the conference?

- Mailed brochure
- Online Information
- Word of Mouth
- NSDC Conference



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Membership Information:

2010—2011 SDCAz Membership..... \$25.00 _____
(Annual Membership February 2010—January 2011)

Registration Fees:

2-Day Conference SDCAz Member Rate\$300.00 _____
2-Day Conference Non-Member Rate.....\$350.00 _____
1-Day Conference SDCAz Member Rate.....\$200.00 _____
1-Day Conference Non-Member Rate.....\$250.00 _____
Subtotal _____
Early Bird Discount (if postmarked by 1/15/10)..... - \$25.00 _____
Lead Presenter Discount - \$100.00 _____
Co-Presenter Discount (For only one co-presenter)..... - \$50.00 _____

TOTAL DUE: _____

Payment must be received by January 30, 2010.

Form of Payment:

Registration Fee payable to SDCAz:

Check (Ck. # _____) Purchase Order (PO # _____)

Send registration form with payment to:

Lisa Bush
17624 N. 70th Lane
Glendale, AZ 85308
Fax: (623) 445-5084
Phone: (623) 445-4930

I would be willing to host a session and be eligible to win a free 2011 SDCAz Statewide Conference registration fee.

Are you a?

1st Time Attendee Repeat Conference Attendee

