



**Attendee
Information**

First Name _____ Last Name _____

Title/Department _____ Institution _____

Street Address _____

City _____ State _____ Zip _____

Fax _____ Daytime Phone _____ Email (please print clearly) _____

Area of Responsibility (check all that apply)

- Faculty Administration (CEO, CAO, Dean, etc) Student Affairs
- Educational support (library, IT, tutoring) ALO Other

Registration

Options (check boxes)

		Postmarked 3/14	Faxed by 4/15	Onsite
<input type="checkbox"/>	Individual ARC Registration	\$425	\$475	\$495
<input type="checkbox"/>	Student ARC Registration	\$195	\$195	\$195
<input type="checkbox"/>	One day only Registration (Thursday <i>or</i> Friday)	\$225	\$225	\$225
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		Postmarked 3/9	Faxed by 4/15	Onsite
<input type="checkbox"/>	ALO Meeting (Wednesday 4/16/08)	\$175	\$175	\$175
<input type="checkbox"/>	ALO and ARC (Wednesday - Saturday)	\$595	\$645	\$665
<input type="checkbox"/>	Breakfast for New ALO (Wednesday)	\$50	\$50	\$50
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		Postmarked 3/9	Faxed by 4/15	Onsite
<input type="checkbox"/>	CEO/Board Chair Reception, Dinner (Wednesday)	\$125	\$125	\$125
<input type="checkbox"/>	CEO Breakfast and Forum (Thursday 4/17/08)	\$150	\$150	\$150
<input type="checkbox"/>	Lunch and Opening Plenary (Thursday)	\$55	\$55	\$55

Prepaid Workshops (check boxes)

Thursday, 4/17/08 9am – 12pm

		Prepaid	Onsite
<input type="checkbox"/>	W-1*	\$55	\$65
<input type="checkbox"/>	W-2*	\$55	\$65
<input type="checkbox"/>	W-3*	\$55	\$65
<input type="checkbox"/>	W-4*	\$55	\$65
<input type="checkbox"/>	W-5	\$105	\$115
<input type="checkbox"/>	W-6	\$105	\$115
<input type="checkbox"/>	W-7	\$105	\$115
<input type="checkbox"/>	W-8	\$105	\$115

Saturday, 4/19/08 10:30 am – 1:30 pm

		Prepaid	Onsite
<input type="checkbox"/>	W-9*	\$55	\$65
<input type="checkbox"/>	W-10*	\$55	\$65
<input type="checkbox"/>	W-11	\$105	\$115
<input type="checkbox"/>	W-12	\$105	\$115
<input type="checkbox"/>	W-13	\$105	\$115
<input type="checkbox"/>	W-14	\$105	\$115

NOTE: In order to be registered, you **MUST** submit payment with this form. You may submit a credit card number or check with this form for processing.

Special Dietary Needs

- Vegetarian
- Other _____

* check this box if you prefer to receive workshop materials/handouts electronically (via email) prior to the conference.

Yes, I would like to tour High Tech High School (\$20 fee)

Payment Method

Credit Card # _____

__MC __Visa __Amex Exp. Date __/__/____ Security code _____

Check # _____

Total Paid: \$ _____
