



36th Annual Conference Co-Presenter Registration Form

November 5-7, 2009 Indianapolis, IN Indiana Convention Center NMSA09

One form per registrant. Form may be duplicated. Please type or print clearly and keep a copy for your records.

Registrant Information *Starred information will appear on name badge

*First Name _____ *Last Name _____

NMSA Membership # _____

*School/Organization _____

Address _____

home work (Use work address if purchasing an institutional membership.)

*City _____ *State/Province _____

Zip/Postal Code _____ Country (if not U.S.) _____

Work Phone (_____) _____ Fax (_____) _____

Phone (_____) _____

home cell

E-mail _____

Check here if this is your first NMSA Annual Conference.

Check here if you have any special needs or a disability that requires special assistance.

Need: _____

Please complete this important information:

Job Title: (choose one) Principal Asst. Principal Superintendent/Asst. Superintendent

Central Office Curriculum Guidance/Advisory Library/Media Specialist

Technology Teacher University Administrator State Dept. of Education

University Professor Other _____

Grade _____ Subject _____

Payment

Complete payment must be received with registration form.

Total Payment A + B + C + D + E = \$

Check—Payable to NMSA in U.S. funds. (\$20 fee for returned checks)

Valid Purchase Order enclosed. PO# _____

Visa MasterCard American Express Discover

Card # _____

Exp. Date (mm/yy) _____ CSV# _____

Cardholder Name (please print) _____

Authorized Signature _____

Review registration, cancellation, and substitution policies online at www.nmsa.org/annual

Individual registration cancellations must be made in writing by September 30. A \$30 processing fee will be assessed. Ticketed options are non-refundable unless entire registration is cancelled. If badge packet has been mailed, it must be returned with cancellation or substitution.

Registration Fees *Please see Cancellation Policies online at www.nmsa.org/annual

Postmarked by June 30, 2009

NMSA Presenter Member Rate _____ \$135

Non-Member Presenter Rate _____ \$185

Pre-Service Full-Time College Student* _____ \$129

Spouse Rate (non-educator)** _____ \$70

* Rate requires the facilitation of 2 sessions.

** Spouse rate valid for shuttles, general sessions, and exhibit hall only.

Spouse Name for name badge (only if paid registrant) _____

A Total Registration Fees \$

Thursday Ticketed Options

Ticketed Options information is available at www.nmsa.org/annual

All-Day Workshop \$701st Choice CW# _____ 2nd Choice CW# _____

Morning Workshop \$351st Choice CW# _____ 2nd Choice CW# _____

Afternoon Workshop . . . \$351st Choice CW# _____ 2nd Choice CW# _____

School Visit \$501st Choice SV# _____ 2nd Choice SV# _____

Action Lab \$651st Choice AL# _____ 2nd Choice AL# _____

B Total Thursday Ticketed Options \$

Friday Ticketed Options

Ticketed Options information is available at www.nmsa.org/annual

Morning Workshop \$351st Choice CW# _____ 2nd Choice CW# _____

Afternoon Workshop . . . \$351st Choice CW# _____ 2nd Choice CW# _____

Action Lab \$651st Choice AL# _____ 2nd Choice AL# _____

Principals' Luncheon . . . \$50# Tickets _____ x \$50 each = Total _____

Teachers' Luncheon . . . \$50# Tickets _____ x \$50 each = Total _____

C Total Friday Ticketed Options \$

Saturday Ticketed Options

Ticketed Options information is available at www.nmsa.org/annual

Morning Workshop \$351st Choice CW# _____ 2nd Choice CW# _____

D Total Saturday Ticketed Options \$

NMSA Membership

Not an NMSA member? Join now and save instantly on your registration!

Individual	U.S.	Int.	Institutional	U.S.	Int.
<input type="checkbox"/> eMembership	\$50	\$50	<input type="checkbox"/> eMembership	\$159	\$159
<input type="checkbox"/> Basic	\$65	\$80	<input type="checkbox"/> Basic	\$219	\$254
<input type="checkbox"/> Club	\$95	\$110	<input type="checkbox"/> Plus	\$349	\$419
<input type="checkbox"/> Student/Parent/Retiree	\$40	\$55	<input type="checkbox"/> Club	\$549	\$619

The individual registering on this form is considered the primary contact for an Institutional Membership. Please list the names and e-mail addresses of 3 additional persons to receive materials.

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

E Total NMSA Membership \$

3 ways to register:

Fax: 614-895-4750

Phone: 1-800-528-6672

Mail: 4151 Executive Parkway, Suite 300, Westerville, Ohio 43081

For policies and procedures visit www.nmsa.org/annual