



2010 NCUST SYMPOSIUM REGISTRATION

May 5-7, 2010 Long Beach, CA "Building Relationships for Change"

Name (Last, First, MI): _____		
Registration Type (Please select): Team Leader _____ Team Member _____ Individual _____		
Team Leader Name: _____		Number in Team: _____
School or Organization: _____		School District: _____
Street Address: _____		Telephone 1: _____
City: _____		Telephone 2: _____
State: _____	Zip: _____	E-Mail: _____
JOB TITLE (Please select): Principal/Assistant Principal _____ Parent _____ Teacher _____ Counselor _____ Superintendent/Assistant/Area Superintendent _____ District/County Administrator _____ State Ed Dept. _____ College Student _____ College Faculty _____ Other _____		
REGISTRATION CATEGORY: Attendee _____ Presenter _____ Facilitator _____ Guest _____ Staff _____		
REGISTRATION FEE: (Please check your category.) <input type="checkbox"/> \$345 Team Registration per person <i>Teams are groups of at least 3 members from any entity.</i> <input type="checkbox"/> \$200 SPECIAL ONE-DAY REGISTRATION <input type="checkbox"/> Complimentary (Presenter, Facilitator, Guest, Sponsor) <input type="checkbox"/> \$395 Individual Registration (12/1/09 – 4/2/10) <input type="checkbox"/> \$425 Late Registration (after 4/2/10) <input type="checkbox"/> \$80 (additional) Pre-Conference Site Visits <i>May 5th, 2010—Busses leave from the Renaissance Hotel at 8:30 am and return by 3:00 pm. Lunch is included.</i> Please check students of interest for visits: _____ Elementary _____ Middle _____ High _____ English Learners _____ Hispanic _____ African American _____ Charter Other _____		MEALS ATTENDING: (Please check.) <input type="checkbox"/> Thursday Breakfast <input type="checkbox"/> Thursday Lunch <input type="checkbox"/> Thursday Reception <input type="checkbox"/> Friday Breakfast <input type="checkbox"/> Friday Lunch <i>(Please help us keep meal counts accurate.)</i> Do you have any special dietary needs or other special needs? If yes, please describe here:
\$ _____ TOTAL AMT ALL FEES		
PAYMENT TYPE: (Please check one) _____ CREDIT CARD _____ PURCHASE ORDER (Please attach. Pre-pay required.) <input type="checkbox"/> MC <input type="checkbox"/> VISA Entity _____ PO Number _____ Acct. _____ - _____ - _____ - _____ _____ CHECK Make check payable to: SDSURF—NCUST EXP. (MM/YY) _____ CODE: _____		
FOR HOTEL RESERVATIONS: Room rate is \$149 plus tax through April 26, 2010. Please contact Renaissance Long Beach at (800) 468-3571 or (562) 437-5900.		
This form may be faxed to (619) 594-8810, e-mailed, or mailed to the NCUST address below. Questions? Please contact ncust@mail.sdsu.edu or call (619) 594-7905. No refund after 4/3/10.		
I give the National Center for Urban School Transformation permission to digitally record and/or photograph my participation in symposium sessions and to disseminate the data as part of the Center's efforts to support the transformation of urban schools. Signature: _____ Date: _____		