

SPRING CONFERENCE REGISTRATION
2011-2012

By signing this agreement, you will be committing to participate in the New Teacher Conference sponsored by the Collaborative to Support Initially Licensed Professionals.

Name of School System: _____

Superintendent: _____

Address: _____

Phone: _____

Fax: _____

Representative to Advisory Committee: _____

Number of Conference Participants _____

Rate of contribution formula-- (# Participants X \$215)

Additional Cost per person if not sharing room -- (__ X \$116)

Additional Cost for guest meals (__ X \$ 73)

Total contribution = _____

Make checks payable to Weldon City Schools (FedID: 56-6001132)

Payment due on March 23, 2012.

Authorized Signature

Date

Please return to: Ralph Evans, Director
Collaborative to Support Initially Licensed Professionals
P.O. Box 68
Hollister, NC 27844