

SPRING CONFERENCE REGISTRATION
2009-2010

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 \$275)

Additional Cost per person if not sharing room -- (___ X \$135)

Additional Cost for guest meals (___ X \$ 95)

Total contribution = _____

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

Payment due on March 30, 2010.

Superintendent's Signature

Date

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