

SPRING CONFERENCE REGISTRATION
2016-2017

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 \$247)**

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

Additional Cost for guest meals (____ X \$ 47)

Total contribution = _____

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

Payment due prior to March 3, 2017.

Authorized Signature

Date

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