

NJTESOL/NJBE
2010 SPRING CONFERENCE - May 18 & 19, 2010
Presenter's Registration Form
Workshops: 8:30-3:30 Tuesday, 8:30-3:30 Wednesday

Conference Registration Form

Send one completed form for each person. Splitting a 2-day registration is not permitted.

Name (First) _____ (Last) _____ Phone (H) _____

Home Address _____ Phone (W) _____

City _____ State _____ Zip _____ County of Residence _____

E-Mail (please print clearly) _____ School District/Affiliation _____

If you would like a receipt, please include a self-addressed stamped envelope.
 Email confirmations will be sent to all registrants who provide an email address.

Registration Process:

1. Mark date of presentation (May 18 and/or 19). There is a \$50 registration fee for members and a \$85 registration fee for nonmembers for that day. **Lunch is a gift of the organization and not included in the registration cost.**
2. **Presenter registration must be completed March 1, 2010. No refund will be made of this fee. Second day registration will be at the regular price.**
3. Each presenter in a group presentation must register separately.

Presenter Registration Due March 1, 2010	
Presenter registration	Second Day Registration
<input type="checkbox"/> Member Tuesday \$50	<input type="checkbox"/> Member Tuesday - \$109
<input type="checkbox"/> Non-Member Tuesday \$85	<input type="checkbox"/> Non-Member Tuesday - \$144
<input type="checkbox"/> Member Wednesday \$50	<input type="checkbox"/> Member Wednesday - \$109
<input type="checkbox"/> Non-Member Wednesday \$85	<input type="checkbox"/> NON-Member Wednesday - \$144
<input type="checkbox"/> LCD Payment \$25	

Poster Session Presenter Registration Due March 1, 2010	
<input type="checkbox"/> Member Tuesday \$50	<input type="checkbox"/> Member Tuesday - \$109
<input type="checkbox"/> Non-Member Tuesday \$85	<input type="checkbox"/> Non-Member Tuesday - \$144
<input type="checkbox"/> Member Wednesday \$50	<input type="checkbox"/> Member Wednesday - \$109
<input type="checkbox"/> Non-Member Wednesday \$85	<input type="checkbox"/> Non-Member Wednesday - \$144

THERE WILL BE NO ON-SITE REGISTRATION
No faxed registrations accepted

Office Use Only:

Date Rec'd: _____ Date Processed: _____ Member: Y/N Exp. Date: _____ Conf e/m sent: _____
 A D: Y/N _____ Inv #: _____ PO#: _____ Chk. #: _____ Amt. Rec'd: _____

Evening Keynote- \$50 Ticketed Event			Tuesday Night 5:30 P.M.		
Keynote Speaker – Dr. Alan De Fina “ <i>De-Romanticizing Our Past Loves: Breaking Up with Literacy Practices for English Language Learners that Don't Work Out</i> ”					
*No refund for dinner cancellation after May 10, 2010					
Salmon	<input type="checkbox"/>	Penne	<input type="checkbox"/>	Prime Rib	<input type="checkbox"/>

4. Check Method of Payment

_____ Check enclosed (payable to NJTESOL/NJBE, Inc.)
 _____ Conference Fees _____ Membership Fees (if applicable)† _____ Awards
 Dinner

_____ Purchase Order (Payable to NJTESOL/NJBE, Inc.)

Registrations forms must be ACCOMPANIED by an actual signed/numbered Purchase Order in order to be processed.

One PO per district is preferred. Please send a list of registrants with the completed forms.

5. Mail to: NJTESOL/NJBE Spring Conference 2010

230 Ashland Ave.
 Cherry Hill, NJ 08003

6. Follow Up: Email confirmations will be sent out to all registrants who provide an email address.
If your registration is being sent by your school along with a purchase order, please follow up with your school district.

† **ONLY** for those who wish to join or need to update NJTESOL/NJBE membership and are enclosing membership fees:

<input type="checkbox"/> New Membership	<input type="checkbox"/> \$35 One Year
<input type="checkbox"/> Renewal	<input type="checkbox"/> \$59 Two Years

Would you like your e-mail address added to the listserv? You will receive e-mail about employment opportunities, workshop and conference announcements, questions about state laws and standards, and more.

Yes No

We sometimes give out member addresses (not e-mail) to our affiliates and other entities for the purpose of informing you of upcoming conferences and workshops of interest. Would you like to have your address provided to others for this purpose?

Yes No

Please circle **ONE** or **TWO** numbers for the Special Interest Group or Groups (SIG) you wish to belong to:

1. Early Childhood (Pre-K – K)
2. Bilingual Elementary Education
3. ESL Elementary Education Grades 1-5
4. ESL Grades 6-8
5. Bilingual Secondary Education
6. ESL Secondary Education
7. Higher Education
8. Teacher Education
9. Special Education
10. Adult Education
11. Parent/Community Action
12. Supervisors

First Choice _____ Second Choice _____

See the conference program on our website after January 31, 2010.

For more information: visit - www.njtesol-njbe.org

Office Use Only:
 Date Rec'd: _____ Date Processed: _____ Member: Y/N Exp. Date: _____ Conf e/m sent: _____
 A D: Y/N _____ Inv #: _____ PO#: _____ Chk. #: _____ Amt. Rec'd: _____