

# National Curriculum Network Conference 2010

## Registration (Please print or type) Deadline Thursday, February 5, 2010

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Position (e.g., teacher, gr 3; teacher, H.S. math; gifted prog. coordinator) Preferred Name (for Name Tag)

\_\_\_\_\_  
School District/Organization indicate home  or work  address

\_\_\_\_\_  
Mailing Address (School name if work address, Number, Street)

\_\_\_\_\_  
City State ZIP

( )

\_\_\_\_\_  
Daytime Phone email (required to receive registration confirmation)

Would you like to receive updates about the Center by e-mail? (please circle one) Yes No

Please indicate if vegetarian lunch required:  (Lunch included March 11 only)

### Attendance (SELECT ONE)

- Preconference ONLY, March 10 (\$100) [indicate preferred preconference workshop(s) below]  
 Conference ONLY, March 11 - 12 (\$200)  
 Preconference AND conference, March 10 - 12 (\$250) [indicate preferred preconference workshop(s) below]

### Preconference Workshops - (Please indicate 1st, 2nd, and 3rd choices. While every attempt will be made to register you for your first choice, sessions do close out.)

You may attend **either** 1 full day **or** 2 half day sessions

Full-Day	<b>OR</b>	Morning	and	Afternoon
<input type="checkbox"/> Option A		<input type="checkbox"/> Option E		<input type="checkbox"/> Option I
<input type="checkbox"/> Option B		<input type="checkbox"/> Option F		<input type="checkbox"/> Option J
<input type="checkbox"/> Option C		<input type="checkbox"/> Option G		<input type="checkbox"/> Option K
<input type="checkbox"/> Option D		<input type="checkbox"/> Option H		<input type="checkbox"/> Option L

### Payment (SELECT ONE) Payment in full or purchase order must accompany the registration.

- Check enclosed (payable to College of William and Mary)  
 Credit card (Mastercard or Visa only) Card # \_\_\_\_\_ exp \_\_\_\_\_  
Signature \_\_\_\_\_  
 Purchase Order enclosed. Please give the mailing address of paying organization.

Send to: Center for Gifted Education, Attn: NCNC, PO Box 8795, Williamsburg, VA 23187-8795

Phone: 757-221-2166 Fax: 757-221-2184 email cfge@wm.edu

Registrations will only be processed if accompanied by the registration fee or a purchase order number on school or school district letterhead.

### Cancellations/Refunds

Refunds will be issued for cancellations received in writing by February 18, 2010 **minus a \$50 non-refundable processing fee**. Absolutely NO refunds will be issued after February 18. Schools or individuals will be billed the full amount if a registered participant does not show.

I understand that unless I specifically request otherwise, any photograph(s) taken of me at the conference may be used in print and electronic publications produced by the Center. (Absence of a signature will be deemed to be acceptance of the preceding statement.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_