23ru Annual Statewide Conference on Inservice Education

October 24 – 26, 2004

Crowne Plaza Hotel – Albany, New York

Conference Registration & Housing Form

Please print or type information requested and mail to:
Inservice Registration
c/o NYSUT Travel & Conference Services
800 Troy-Schenectady Road
Latham, New York 12110

HOUSING DEADLINE IS
October 1, 2004

Last Name	First Name		
Address (confirmation will be mailed to this address)	City	State	Zip Code
School District/Institution Name:		Are you employed in a SINI school?	
School District/Institution/Billing Address (if different from above):	City	State	Zip Code
Phone:__ __ __-__ __ __ - __ __ __ __	E-mail Address:		

REGISTRATION INFORMATION: Elementary Teacher Middle School Teacher School Administrator Staff Developer Secondary School Teacher Special Education Teacher Parent Teacher Center Leader School-Related Professional Principal Superintendent School Board Member Staff Development Specialist Higher Education Faculty Student Other_____

REGISTRATION FEE PLUS 2 NIGHTS HOUSING:
Full Conference with housing (per person)

Choose one:
Single $470 Double $355 Triple $330

COMMUTER AND DAY PACKAGE*:
Full Conference - Commuter (3 days: meals and registration) $240

Conference Day Package:
Sunday Sessions and Meals $115
Monday Sessions and Meals $125
Tuesday Sessions and Meals $75
**Add $115 per night if housing is needed. Indicate date for housing below.*

MEAL ARRANGEMENTS: Check if applicable: _____No Beef _____Vegetarian _____Kosher

HOUSING INFORMATION:

Hotel Check-in Time and Date: 10/__ __/04 (E.T.A) _____am/pm Hotel Check-Out Time and Date: 10/__ __/04 (E.T.A) _____am/pm

Will share with _____ (participant)
_____ (participant)

Please reserve a single room
Non-Smoking Smoking

WORKSHOP SELECTION: **Please select one workshop from each session. Workshop descriptions and numbers are at www.nysut.org.**

Sunday, October 24, 2004 Workshop Session 1A _____(1-1 or 1-2) Workshop Session 1B _____(1-3 or 1-4)

Monday, October 25, 2004 Workshop Session 2 _____(2-1 – 2-9) Workshop Session 3 _____(3-1 – 3-11)
Workshop Session 4 _____ (4-1 – 4-11)

Tuesday, October 26, 2004 Workshop Session 5_____ (5-1 – 5-11) Workshop Session 6 _____(6-1 – 6-9)

CHECK: **FOR FULL AMOUNT** Payable to Education and Learning Trust (ID#16-6460576) Mail to: InserviceConference c/o NYSUT T&CS , 800 Troy-Schenectady Road, Latham, NY 12110

PURCHASE ORDER to NYSUT Education and Learning Trust (ID#16-6460576) Completed purchase order must accompany registration form. Mail to: Inservice Conference c/o NYSUT T & CS , 800 Troy-Schenectady Road, Latham, NY 12110

Check here if you require any assistive device(s) or accommodation(s), as provided for by the Americans with Disabilities Act, in order to fully participate in this conference. You will be contacted by a NYSUT representative.

COMMENTS:

PAYMENT BY CREDIT CARD ACCEPTED WITH ONLINE REGISTRATION ONLY

WWW.NYSUT.ORG OR SECURE.NYSUT.ORG/INSERVICE

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