29th Annual Conference Registration Form
April 8–10, 2010

PLEASE PRINT OR TYPE

School_____

Street _____

City _____ State_____ZIP_____

Phone _____ NELMS Member ❑ Yes ❑ No

Registration Form for Conference Attendance on Thursday, April 8th to Saturday, April 10, 2010
CONFERENCE REGISTRATION FEES:
Early Registration by 3/5/2010: Day Rate Member: $99 – Day Rate Non-Member: $139
3 Day Rate Member: $249 – 3 Day Rate Non-Member: $339
Standard/On Site Registration: Day Rate Member: $129 – Day Rate Non-Member: $169
3 Day Rate Member: $335 – 3 Day Rate Non-Member: $395
The following are in addition to conference registration fee:
Ticketed Focus Sessions: Thursday & Friday, April 8 & 9, 2010
Luncheon Keynote: Thursday & Friday, April 8 & 9, 2010

PLEASE ENTER EVENT CODE(S) OR CHECK APPROPRIATE BOX.
PLEASE BE ACCURATE AND NEAT IF FILLING OUT BY HAND. USE ADDITIONAL FORMS AS NEEDED.

Attendee(s) Full Name & E-mail address	**Grad. Credits Yes	No	Check Day(s) Attending Th	F	S	*Ticketed Focus Session CODE(S) $25/member; $35/nonmember *Please refer to website for codes*				*Keynote Luncheon $45 Th	F	***Total Due***
Confirmations are sent by e-mail												
Totals												

* Additional charges apply. **Do not include payment for Graduate Credits.
Reminder–Registrations received by March 5, 2010 are eligible for reduced rates. (see conference rates)

Payment: Total amount due $ _____

❑ Enclosed, check payable to NELMS
❑ Purchase order (if you are paying by PO please fax or mail the PO to NELMS) ❑ Mastercard ❑ Visa

Card# ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐ / ☐☐

Make all checks payable to NELMS and mail to:
New England League of Middle Schools • 460 Boston Street, Suite 4 • Topsfield, MA 01983-1223

Cardholder's name _____ Signature _____

New England League of Middle Schools • 460 Boston Street, Suite 4 • Topsfield, MA 01983-1223
Tel. (978) 887-6263 • Fax (978) 887-6504 • E-mail: nelms@nelms.org • Web: www.nelms.org

In compliance with the ADA (American Disabilities Act), if you require special assistance while attending this activity, please check the box below. A NELMS representative will be in contact upon receipt of this form to help you plan a more meaningful conference experience.

❑ Yes, I have need for special assistance _____