31st Annual Conference Registration Form
April 2–3, 2012

PLEASE PRINT OR TYPE

School_____

Street _____

City _____ State_____ZIP_____

Phone _____ NELMS Member ❑ Yes ❑ No

Registration Form for Conference Attendance on Monday and Tuesday April 2nd & 3rd, 2012
CONFERENCE REGISTRATION FEES:
Early Registration by 3/1/2012: Day Rate Member: $149 – Day Rate Non-Member: $179
2 Day Rate Member: $265 – 2 Day Rate Non-Member: $325
Standard/On Site Registration: Day Rate Member: $179 – Day Rate Non-Member: $209
2 Day Rate Member: $325 – 2 Day Rate Non-Member: $385
The following are in addition to conference registration fee:
Ticketed "Hot Topic" Sessions: Monday & Tuesday, April 2 & 3, 2012
Luncheon Keynote: Monday & Tuesday, April 2 & 3, 2012

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	Attending Sunday Reception (free) Pls. check	**Grad. Credits **Yes**	**No**	Check Day(s) Attending **M**	**Tu**	*Ticketed Hot Topic Session CODE(S) Early–$5/member; $25/nonmember Standard–$10/member; $30/nonmember *Please refer to website for codes*				*Keynote Luncheon $40 **M**	**Tu**	***Total Due***
Confirmations are sent by e-mail												
Totals												

* Additional charges apply. **Do not include payment for Graduate Credits.
Reminder–Registrations received by March 1, 2012 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 ❑ Discover

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

Make all checks payable to NELMS and mail to:
New England League of Middle Schools • 120 Water Street, Suite 403 • North Andover, MA 01845

Cardholder's name _____ Signature _____

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 _____

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