



2011

ANNUAL CONVENTION & EXPOSITION

APRIL 7-10 TAMPA, FL



NAE111

FAX: 301-694-5124 (Registration Forms/Purchase Orders)

Phone: 866-229-2386 • International: 301-694-5243

Mail: NAESP/Experient, PO Box 4088, Frederick, MD 21705

SECTION 1: Registration Information

One registration per form. Print or Type.

IMPORTANT: Please complete the entire form. Missing information will delay processing.

Prefix First Name MI Last Name

Badge Name

Title

School/organization

Street Address

City State/Province

Country Zip/Postal Code

Preferred Phone Fax

E-mail

Alternate E-mail

Emergency Contact

SPOUSE/GUEST/CHILD REGISTRATION

Spouse/Guest/Child must register to attend the convention (See Section 2 for applicable fees).

First Name MI Last Name

Badge Name

Please note: No charge for children under the age of 13. Children under the age of 13 are not permitted in the exhibit hall during set-up or move-out.

SPECIAL SERVICES



Please check if you require special accommodations. You will be contacted by a customer service representative.

SECTION 2: Registration Fees

NEW THIS YEAR! FREE online access to over 35 selected sessions from the NAESP convention. Enjoy audio or video synchronized to presentation slides, handouts, and more on the NEW NAESP online learning center site. (Valued at \$399)

INDIVIDUAL

Registration Fees	Advance (through 2/28)	Late (after 2/28)	One Day (on-site only)
Member	\$325	\$385	\$200
Emeritus/Retired	\$99	\$125	\$150
Nonmember	\$599	\$699	\$400
Student*	\$115	\$135	\$150
Spouse/Guest	\$145	\$165	\$165

*A copy of the student ID must be included with the registration form in order to receive this rate. College/University professors do not qualify for this rate.

Not a member? Join now and register at the member rate.

SCHOOL STAFF TEAM DISCOUNT INFORMATION

- Team Leader must be a current member of NAESP.
- Each individual must be from the same school address.
- For the team discount to apply, all forms must be mailed or faxed together along with full payment or purchase order.

School Staff Teams of 3 or more (per person). **Best Value**

Advance	Late
\$225	\$275

Check here if form is part of a school team registration

School Team Leader: _____
Last Name First Name

SECTION 3: Ticketed Events

Foundation Breakfast (Optional)

Friday, April 8 – 8 a.m. – 9:30 a.m.

Tampa Marriott Waterside

of tickets _____ x \$35 each = \$ _____

NAESP Opening Event (Included with registration)

Friday, April 8 – 8 p.m. – 10 p.m.

Tampa Marriott Waterside

- I plan to attend (One drink ticket included)
- I do not plan to attend
- Spouse/guest plans to attend. (One drink ticket included)

SECTION 3: Ticketed Events (continued)

NAESP President's Celebration (Closing Event—Included with registration)

Sunday, April 10 – 8 p.m. – 10 p.m.

- I plan to attend (One free drink ticket included with registration)
- I do not plan to attend
- Spouse/guest plans to attend (One drink ticket included)

SECTION 4: Volunteer

Tampa Community Service Project (Optional)

Thursday, April 7 – 8 a.m. – 3 p.m.

- I'm interested. Please send details.

Are you interested in volunteering as a moderator for a session?

- Yes
- No

SECTION 5: Demographic Information

1. How many years have you attended the NAESP Annual Convention?

- First time
- 2 – 5
- 6 – 10
- 11 - 15
- 16 - 20
- 21 – 25
- 26 or more

2. Your primary decision to attend (check one):

- Professional Development
- Networking Opportunities
- Location
- Other

3. Grade Span of School:

_____ Lowest Grade
_____ Highest Grade
_____ N/A

SECTION 6: Payment Information

Section 2: Registration Fee \$ _____

Section 3: Ticketed Events \$ _____

I am interested in making a tax deductible donation to the NAESP Foundation

\$10 \$25 \$50 \$100 \$ _____

*\$25 nonrefundable P.O. processing fee (if using P.O.) \$ _____
(\$25 per registrant)

Subtotal \$ _____

*Less Gift Certificate \$ _____

GRAND TOTAL \$ _____

*To use a gift certificate, attach to registration form and deduct from total.

(Funds must be drawn in U.S. dollars from a U.S. bank)

Check enclosed (payable to NAESP) Check # _____
Mail to: NAESP/Experient, PO Box 4088, Frederick, MD 21705

Purchase Order enclosed (P.O. must be attached to form)* (Add \$25 **nonrefundable** P.O. processing fee per registrant) Purchase orders must be paid in full by **April 7, 2011**.

Fax to: 301-694-5124 (or) Mail to: NAESP/Experient, PO Box 4088, Frederick, MD 21705

CREDIT CARD

- American Express
- Discover
- MasterCard
- Visa

Credit Card # _____

Expiration Date _____

Name on Card _____

Billing Address _____

Billing Address (continued) _____

I authorize NAESP to charge the amount determined by NAESP as registration fees on my card.

Signature (as it appears on card) _____

Cancellation Deadline, Friday, March 25, 2011.
P.O.s must be paid in full by April 7, 2011.

CANCELLATION POLICY: Cancellation requests must be received in writing by March 25, 2011. NAESP will refund your convention registration, less a \$75 administrative fee. Refunds for no-shows or cancellations will not be given after March 25, 2011.

Membership in NAESP

Not a Member? Join NOW and Save. Become an NAESP Member and save \$274 off the nonmember fee. **Active membership is only \$215.** Joint membership is required in the following states: **AK, AL, DC, FL, HI, ID, MA, MD, MI, MS, MT, NE, NM, PA, RI, TN, VA, WA, WV, WY.**

For more information, call us at 800-386-2377 and ask for Membership