



**PLEASE PRINT CLEARLY**

School/Organization \_\_\_\_\_

School District \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Grade \_\_\_\_\_ Email \_\_\_\_\_

Tel(day) \_\_\_\_\_ Tel(eve) \_\_\_\_\_ Fax \_\_\_\_\_

**Mail or FAX to:**  
EduAlliance Network  
2521 S. Rodeo Gulch Rd., Suite D  
Soquel CA 95073  
FAX: 831-425-1244

**Refund Policy:**  
A full refund (minus \$50 processing fee) will be issued if a written request is received by October 19, 2009. No refunds after that date.

**REGISTRATION DEADLINE  
OCTOBER 19, 2009**

CONFERENCE: November 16–18, 2009

\_\_\_\_\_ # of team members attending @ \$325 each \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**FORM OF PAYMENT**     Check, enclosed, made payable to: EduAlliance Network     Master Card/Visa     P.O. (Attached)

Cardholder Name \_\_\_\_\_ Signature Required \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit CVV Code on back of Card \_\_\_\_\_

**EXAMPLE OF COMPLETING SESSION CHOICES BELOW**

Name _____	Title _____
Email _____	
Session Choice A <u>  4  </u> B <u>  1  </u> C <u>  2  </u> D <u>  6  </u> E <u>  8  </u> F <u>  F2  </u> G <u>  10  </u>	

**Volunteer!**

Every year volunteers are the heart and soul of the conference. If you would like to assist a speaker during their session, sign up below. You will only be assigned to a session you have requested.



Team Member's Name and Title <i>(As it will appear on badge)</i>	Veg. Meals	Volunteer
Name _____ Title _____ Email _____ Session Choice A _____ B _____ C _____ D _____ E _____ F _____ G _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name _____ Title _____ Email _____ Session Choice A _____ B _____ C _____ D _____ E _____ F _____ G _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name _____ Title _____ Email _____ Session Choice A _____ B _____ C _____ D _____ E _____ F _____ G _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name _____ Title _____ Email _____ Session Choice A _____ B _____ C _____ D _____ E _____ F _____ G _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name _____ Title _____ Email _____ Session Choice A _____ B _____ C _____ D _____ E _____ F _____ G _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes