



National Council for Community and Education Partnerships Annual Conference 2005

Hilton San Francisco
San Francisco, CA • July 17–20, 2005



CONFERENCE REGISTRATION FORM

(Please print clearly or type.)

GEAR UP GRANTEE NUMBER

PARTNERSHIP NAME

NAME OF PROJECT DIRECTOR

Conference Fees and Postmark Deadlines

Early Discounted Rate

March 15–April 26, 2005
\$625.00 per person

One-Day Rate

\$400.00 per person

Student Rate (grades 6–12)

\$300.00 per student

Pre-Registration

April 27–June 8, 2005
\$675.00 per person

One-Day Rate

\$450.00 per person

Student Rate (grades 6–12)

\$300.00 per student

On-Site Registration

June 9–July 17, 2005*
\$695.00 per person

One-Day Rate

\$500.00 per person

Student Rate (grades 6–12)

\$300.00 per student

Cancellation Policy: Conference registration fees paid by registrants are refundable if written notice is received and postmarked on or before **June 17, 2005**. A \$100.00 processing fee will be assessed on all eligible refunds. All refunds will be issued after the conference. Individuals who **FAIL** to cancel their registration in writing on or before the deadline date and who do not attend the conference will be considered no-shows and will **NOT** be eligible for refunds.

**Beginning July 1, 2005, all registration payments must be made by credit card.*

Registrant #1 Full Conference Participant One-Day Participant (Date Attending: _____)

LAST NAME	FIRST NAME	MI
TITLE		INSTITUTION/ORGANIZATION
ADDRESS		
CITY	STATE	ZIP+4
PHONE	FAX	E-MAIL (REQUIRED)

Institutional Affiliation (Please check one)

<input type="checkbox"/> College/University	<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Student
<input type="checkbox"/> Local Education Agency	<input type="checkbox"/> State Education Agency	<input type="checkbox"/> Community-Based Org.	<input type="checkbox"/> Parent
<input type="checkbox"/> Philanthropic Organization	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Business/Industry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vegetarian Meal Required: _____			
<input type="checkbox"/> ADA Services Required: _____			

COMPLETE AND SUBMIT REGISTRATION FORM(S) TO:

Anna Ortega Chavolla, Director, Conferences and Training Programs • National Council for Community and Education Partnerships
1400 20th Street, NW • Suite G-1 • Washington, DC 20036 • Tel: 202-530-1135 • Fax: 202-530-0809

Payment Method

<input type="checkbox"/> Check Included	Check #: _____	<input type="checkbox"/> Visa <input type="checkbox"/> MC	Credit Card Number: _____
<input type="checkbox"/> Purchase Order Included	P.O. #: _____	Expiration Date: _____	
Name on Credit Card: _____			
Billing Street Address: _____			
City/State/Zip: _____			

NCCPE ANNUAL CONFERENCE 2005 REGISTRATION FORM *(page 2)*

Registrant #2 Full Conference Participant One-Day Participant (Date Attending: _____)

LAST NAME	FIRST NAME	MI
TITLE		INSTITUTION/ORGANIZATION
ADDRESS		
CITY	STATE	ZIP+4
PHONE	FAX	E-MAIL (REQUIRED)

Institutional Affiliation *(Please check one)*

<input type="checkbox"/> College/University	<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Student
<input type="checkbox"/> Local Education Agency	<input type="checkbox"/> State Education Agency	<input type="checkbox"/> Community-Based Org.	<input type="checkbox"/> Parent
<input type="checkbox"/> Philanthropic Organization	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Business/Industry	<input type="checkbox"/> Other: _____

Vegetarian Meal Required: _____

ADA Services Required: _____

Registrant #3 Full Conference Participant One-Day Participant (Date Attending: _____)

LAST NAME	FIRST NAME	MI
TITLE		INSTITUTION/ORGANIZATION
ADDRESS		
CITY	STATE	ZIP+4
PHONE	FAX	E-MAIL (REQUIRED)

Institutional Affiliation *(Please check one)*

<input type="checkbox"/> College/University	<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Student
<input type="checkbox"/> Local Education Agency	<input type="checkbox"/> State Education Agency	<input type="checkbox"/> Community-Based Org.	<input type="checkbox"/> Parent
<input type="checkbox"/> Philanthropic Organization	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Business/Industry	<input type="checkbox"/> Other: _____

Vegetarian Meal Required: _____

ADA Services Required: _____

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Payment Method

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<input type="checkbox"/> Purchase Order Included	P.O. #: _____	Expiration Date: _____	
Name on Credit Card: _____			
Billing Street Address: _____			
City/State/Zip: _____			

NCCPE ANNUAL CONFERENCE 2005 REGISTRATION FORM *(page 3)*

Registrant #4 Full Conference Participant One-Day Participant (Date Attending: _____)

LAST NAME	FIRST NAME	MI
TITLE		INSTITUTION/ORGANIZATION
ADDRESS		
CITY	STATE	ZIP+4
PHONE	FAX	E-MAIL (REQUIRED)

Institutional Affiliation *(Please check one)*

<input type="checkbox"/> College/University	<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Student
<input type="checkbox"/> Local Education Agency	<input type="checkbox"/> State Education Agency	<input type="checkbox"/> Community-Based Org.	<input type="checkbox"/> Parent
<input type="checkbox"/> Philanthropic Organization	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Business/Industry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vegetarian Meal Required: _____			
<input type="checkbox"/> ADA Services Required: _____			

Registrant #5 Full Conference Participant One-Day Participant (Date Attending: _____)

LAST NAME	FIRST NAME	MI
TITLE		INSTITUTION/ORGANIZATION
ADDRESS		
CITY	STATE	ZIP+4
PHONE	FAX	E-MAIL (REQUIRED)

Institutional Affiliation *(Please check one)*

<input type="checkbox"/> College/University	<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Student
<input type="checkbox"/> Local Education Agency	<input type="checkbox"/> State Education Agency	<input type="checkbox"/> Community-Based Org.	<input type="checkbox"/> Parent
<input type="checkbox"/> Philanthropic Organization	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Business/Industry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vegetarian Meal Required: _____			
<input type="checkbox"/> ADA Services Required: _____			

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<input type="checkbox"/> Purchase Order Included	P.O. #: _____	Expiration Date: _____	
Name on Credit Card: _____			
Billing Street Address: _____			
City/State/Zip: _____			