



# NCCEP/GEAR UP Annual Conference 2006

## "Raising the Bar on Academic Excellence"

Join Us in Washington, DC • July 23–26, 2006  
Washington Hilton and Towers Hotel (1800hiltons)



NAME OF PROJECT DIRECTOR (PLEASE PRINT CLEARLY OR TYPE)

PARTNERSHIP NAME

### PRE-CONFERENCE & CONFERENCE REGISTRATION FORM

#### PRE-CONFERENCE • JULY 23 • 9 am–12 pm (Optional)

Select one of the following Product Demonstration and Field-Testing Sessions:

- Data and Student Monitoring Systems (free)
- Math/Science/Reading/Literacy Improvement Programs (free)
- Test Preparation Services (free)
- Instructional Technologies (free)

#### PRE-CONFERENCE • JULY 23 • 1–5 pm (Optional)

Select one of the following NCCEP Evaluators Institute activities:

- NCCEP Evaluators Institute Section 1:  
An Overview for Evaluating GEAR UP (\$100 fee)
- NCCEP Evaluators Institute Section 2:  
Lessons I've Learned Evaluating GEAR UP (\$100 fee)

### NCCEP/GEAR UP CONFERENCE (JULY 23–26, 2006)

#### Early Discounted Rate

March 15–April 26, 2006  
\$625.00 per person

#### One-Day Rate

\$400.00 per person

#### Student Rate (grades 6–12)

\$350.00 per student

#### Pre-Registration

April 27–June 8, 2006  
\$675.00 per person

#### One-Day Rate

\$450.00 per person

#### Student Rate (grades 6–12)

\$350.00 per student

#### On-Site Registration

June 9–July 23, 2006\*  
\$695.00 per person

#### One-Day Rate

\$500.00 per person

#### Student Rate (grades 6–12)

\$350.00 per student

**Cancellation Policy:** Conference registration fees paid by registrants are refundable if written notice is received and postmarked on or before **June 23, 2006**. 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, 2006, all payments must be made by credit card.*

**Registrant Information**     Pre-Conference Participant     Full Conference Participant     One-Day (Date Attending: \_\_\_\_\_)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

TITLE (REQUIRED) \_\_\_\_\_ INSTITUTION/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL (REQUIRED) \_\_\_\_\_

#### Special Requests:

Vegetarian Meal Required: \_\_\_\_\_     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

Check Included    Check #: \_\_\_\_\_     Visa     MC    Credit Card Number: \_\_\_\_\_

Purchase Order Included    P.O. #: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_