



# NCCEP/GEAR UP Annual Conference 2007

*GEAR UP: Leading the Way in College Access and Ensuring a Competitive Workforce*

Join Us in San Francisco, CA • July 22–25, 2007  
Hilton San Francisco (1800hiltons)



## PRE-CONFERENCE & CONFERENCE REGISTRATION FORM

NAME OF PROJECT DIRECTOR (PLEASE PRINT CLEARLY OR TYPE) PARTNERSHIP NAME

### PRE-CONFERENCE • JULY 22 • 9 am–12 pm (Optional)

- Select one of the following Product Demonstration and Field-Testing Sessions:
- Math/Science/Reading/Literacy Improvement Programs (free)
  - Instructional Technologies (free)
  - Test Preparation Services (free)
  - Instructional Technologies (free)

### PRE-CONFERENCE • JULY 22 • 1–5 pm (Optional)

- NCCEP Evaluators Institute 101 (\$75 fee)
- NCCEP Evaluators Institute 201 (\$75 fee)
- NCCEP Evaluators Institute 301 (\$75 fee)
- DOE's Do's and Don'ts of Fiscal Management (free)
- DOE's Documenting the Match (free)
- DOE's Preparing for a GEAR UP Financial Audit (free)
- DOE's APR/FPR/No Cost Extension (free)

### NCCEP/GEAR UP CONFERENCE (JULY 22–25, 2007)

#### Early Discounted Rate

April 5–May 5, 2007  
\$635.00 per person

#### One-Day Rate

\$500.00 per person

#### Student Rate (grades 6–12)

\$350.00 per student

#### Pre-Registration

May 6–June 8, 2007  
\$685.00 per person

#### One-Day Rate

\$500.00 per person

#### Student Rate (grades 6–12)

\$350.00 per student

#### On-Site Registration

June 9–July 23, 2007\*  
\$725.00 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 22, 2007**. 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, 2007, 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

<b>Payment Method</b>		<input type="checkbox"/> Visa <input type="checkbox"/> MC
<input type="checkbox"/> Check Included	Check #: _____	Credit Card Number: _____
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