

CONFERENCE REGISTRATION FORM

Single Registration Team Registration Number of Members _____ Team Leader: _____
 Please complete a registration form for each team member.

ATTENDEE INFORMATION (Please print or type all information)

ODr. OMr. OMrs. OMs. Last _____ First _____ Middle Initial _____
 Title _____
 Organization/School _____ School District _____
 Address _____
 City _____ State _____ Zip Code _____
 Daytime Phone () _____ Fax Number () _____ Alternate Phone () _____
 E-Mail Address _____@_____

TELL US ABOUT YOURSELF

I am:
 Administrator
 College Instructor
 Teacher
 Counselor
 Parent/Community Member
 Business Representative
 Other
I usually work with this level of student (check one):
 Elementary
 Middle School
 High School
 Higher Education/Post Secondary
I work in this type of organization (check one):
 College/University
 Local School/District
 State Education Agency
 Business/Industry
 Other
I want to participate in the following Conference STEM Strands (please check all that apply):
 K-16 Student Academic Success in STEM
 Roles and Effectiveness of K-16 STEM Educators
 Partnerships for Effective STEM Education

CONFERENCE REGISTRATION FEES

	Early Bird Rate (thru 8/14)	Basic Rate (8/15 thru 9/8)	Onsite Rate (after 9/9)
General/Individual (Ea.)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
Team (Each team member)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$235	<input type="checkbox"/> \$270
Presenters (Ea.)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250
Higher Ed Faculty/Administrator (Ea.)	<input type="checkbox"/> \$215	<input type="checkbox"/> \$240	<input type="checkbox"/> \$265
K-12 Teacher/Administrator (Ea.)	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225
Non-Profit/Organization Members	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200	<input type="checkbox"/> \$225
Policymakers	<input type="checkbox"/> \$215	<input type="checkbox"/> \$240	<input type="checkbox"/> \$265

REGISTRATION PAYMENT: Registration payment must accompany registration form. If paying by purchase order, please refer to the "Purchase Order Payment Policy" in this brochure and attach a copy of your purchase order to this form. Requests for cancellations and fee refunds must be submitted in writing to Sheila Jones by August 29, 2008. A \$50.00 cancellation fee will apply. Refunds will be processed six weeks after the conference.

No cancellations/refunds will be given after Friday, August 29, 2008.

TOTAL: \$ _____

How to Submit your Registration:

Online: www.gaprisms.org/STEMConference
 Credit Cards & Purchase Cards accepted

Fax: (404) 463-1760

Mail: University System of Georgia
 PRISM Conference 2008
 270 Washington Street, Ste 500
 Atlanta, Georgia 30334

Only completed forms will be processed.

CHECK ONE:

Purchase Order (Signed purchase order # _____)

Check (Payable to Georgia Tech/PRISM)

MasterCard VISA Discover American Express

Card Number: _____ Exp. Date (MM/YY): ____ / ____

Cardholder Name: _____

Authorized Signature: _____

For additional information or questions, please contact Janet Stewart at (404) 657-4955 or email at janet.stewart@usg.edu.

ACCEPTING THE "STEM" CHALLENGE

SEPTEMBER 11 - 13, 2008