

PRESENTER REGISTRATION FORM

ALL REGISTRATION FEES INCLUDE 2012-2013 MEMBERSHIP IN THE
NATIONAL ASSOCIATION FOR PROFESSIONAL DEVELOPMENT SCHOOLS

IMPORTANT PRESENTER INFORMATION!

Presenter rates are \$375 each or \$150 each for full-time students. The student rate is reserved for full-time college/university students enrolled in at least 9 credit (semester) hours - most typically, teacher candidates. It is not intended for use by employed educators enrolled in graduate programs. Verification of full-time student status must accompany registration form.

Presenter Registration Deadline: January 24, 2012

Audio/Visual Equipment Request Deadline: January 24, 2012

Only LCD projectors (bring your own laptop) are available on a first-come, first-serve basis; Internet access and speakers are NOT available for presentations. Please email audiovisual requests to pdsconf@mailbox.sc.edu with the subject of A/V Request; include the presentation title(s) in body of text.

2012 PROFESSIONAL DEVELOPMENT SCHOOLS NATIONAL CONFERENCE PRESENTER REGISTRATION FORM

It is imperative that we have correct contact information for each presenter. If you are with a P-12 setting, **DO NOT** list your address as your university partner's address. **YOU MUST LIST YOUR P-12 SETTING'S SCHOOL NAME, ADDRESS, PHONE, FAX, AND EMAIL.** Please print or type information as you would like it to appear on conference materials.

Dr. Mr. Ms. PRESENTER'S NAME _____ FIRST NAME (FOR NAME BADGE) _____

MY PRIMARY EMPLOYER: P-12 College/University Other

TITLE _____ DEPT. OR DISTRICT _____

P-12 SETTING OR INSTITUTION _____

P-12 OR INSTITUTION ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE () _____ EMAIL ADDRESS (REQUIRED) _____

Presenter \$375.00 each

Full-Time Student Presenter - \$150.00 each [Requires verified current enrollment in at least 9 (credit) semester hours to be sent in with form]

Registration fee includes conference sessions (Thursday, Friday, Saturday, Sunday), continental breakfasts, receptions, Friday and Saturday lunches, conference materials, and 2012-2013 NAPDS Membership.

PAYMENT: CHECK ONE PLEASE

Check Enclosed (Make checks payable to USC.) Amount Enclosed: _____

VISA MasterCard DiscoverCard American Express

Acct. #: _____ Expiration Date: _____

Name on Credit Card: _____

Cardholder's Signature (Required): _____ Date: _____

Credit card registrations may be completed by fax transmission. Please transmit completed registration form with method of payment to (803) 777-4807. Our Federal Tax I.D. number is 57-6001153.

I have read and agree with the policies stated on the conference website (www.ed.sc.edu/pds/index.htm).

(Registrant's Signature Required)

I am disabled and may require assistance from conference staff.

**Presenter Registration deadline:
January 24, 2012!**

Mail to:
2012 PDS National Conference
University of South Carolina • College of Education
Wardlaw 252 • Columbia, SC 29208
Phone (803) 777-1515 • Fax (803) 777-4807

ENRL _____ LOG# _____ MTH _____ APPVL _____ RECP# _____ RFDATE _____