

**Mt. Vernon Conference XXX
Registration Form**

**Thursday, October 29, 2009
and
Friday, October 30, 2009**

Attendee _____ Day (s) 29 _____ 30 _____
Job Title _____ Facility Name & District _____
Address _____ City/State/Zip _____
Facility Phone Number _____ Contact Name _____
Regional Superintendent Name (if applicable) _____

Please indicate if an interpreter is needed. _____ If so, what kind _____

Organizational (entire staff attends) \$20.00 per attendee one day \$30.00 per attendee two days
Individual (less than entire staff attend) \$40.00 per attendee one or two days

Administrator Academy \$100.00 (includes conference registration)
\$60.00 (if conference fee is paid separately with staff registration)

Total registration _____ (list may be attached)

Total Administrator Academy _____

Indicate day (s) for Academy

Wednesday _____ and/or Thursday _____

(The deadline for registrations to the academies is October 23, 2009)

Total Enclosed or to be billed \$ _____

Send registration form and check payable to: Bryan Cross, Reg. Supt. of Schools
Attn: Mt. Vernon Conference
1714 Broadway
Mt. Vernon, IL 62864
618-244-8040

Fax this completed form with attachments to: 618-241-7870.

Emailing is available for registration: pgarrett@roe25.com

This form is available on our website: www.roe25.com

All registrants will receive a conference name badge that is required to be worn while attending the conference. Deadline for those to be mailed is October 23, 2009. Attendees registering after October 23, 2009 may pick up their name badges at the conference registration table in the lobby of Building H.

A continuing Professional Development Units (CPDU) label of completion will be provided at the end of sessions to each person in attendance. Labels are to be placed on the CPDU Evidence of Completion form included in the conference program.

****No refunds will be issued after October 1, 2009****