

2010 NCPN Conference Registration Form

Dallas, Texas • October 20–23

Name _____
 First Name for Nametag _____
 NCPN Membership # _____ Exp. Date _____
(To verify your membership status, please contact llocke@cord.org.)
 Job Title _____
 Organization _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Select one: K-12 Educator Postsecondary Educator Employer Other _____
Educator, please select one of the following: Faculty Counselor Principal
 Superintendent School Administrator College Administrator
 State Career Pathways, Tech Prep, or CTE Director School Board Member
 Local or Regional Career Pathways, Tech Prep, or CTE Director Other _____

WEDNESDAY WORKSHOPS, October 20 (All Day)

Select only one of the following workshops.

	Rate	Fill in amount.
NATPL Forum: Leadership Moving Forward	\$250	_____
Career Pathways Leadership Certification <i>(must also register for one preconference and the general conference to be certified)</i>	\$250	_____
College and Career Guidance with kuder	\$250	_____
Teaching with Meaning: CTE and Academics	\$250	_____

THURSDAY PRECONFERENCES, October 21 (8:30–11:30 A.M.)

Select only one of the following preconferences.

Programs of Study Design Framework	\$125	_____
Adult Carer Pathways: Building Your Capacity	\$125	_____
Computer Lab: Creating the Perfect Presentation	\$125	SOLD OUT
Lean Six Sigma: How Does It Drive Student Learning?	\$125	SOLD OUT

GENERAL CONFERENCE, October 21–23 (see agenda)

	NCPN Member	Nonmember	
Preregistration (9/1/10 through 10/4/10)	\$500	\$540	_____
Onsite reregistration (after 10/14/09)	\$520	\$560	_____
Spouse (includes receptions and exhibits ONLY)	\$60	\$60	_____
Spouse Name _____			
NCPN Membership Fee (for new or renewing members)	\$75	N/A	_____
Full-time Classroom Teacher (subtract \$50)	–\$50	–\$50	_____
If attending Kuder event on Wednesday (subtract \$100)	–\$100	–\$100	_____
	TOTAL \$		_____

METHOD OF PAYMENT (Tax ID # 74-2077794)

Check # _____ is enclosed. P.O. # _____ is enclosed.

Billing Organization _____

Billing Phone _____ Billing Email _____

Billing Address _____ City _____ State _____ Zip _____

VISA Mastercard American Express

Acct. #

Exp. Date: _____ Signature _____



All sessions will be held at the Sheraton Dallas.

Three Ways to Register

Online: www.ncpn.info (under "2010 Conference")

Mail: NCPN Registration
 P.O. Box 21689
 Waco, TX 76702-1689

Fax: 254-776-2306

Instructions

- Make checks payable to NCPN.
- Full payment or purchase order must accompany your registration form.
- Incomplete forms cannot be processed.

Cancellations and Substitutions

- **All cancellations must be in writing.**
- Cancellations received by **September 14, 2010**, will be charged a \$50 cancellation fee.
- Cancellations received between **September 15 and October 4** will be charged 50% of the registration fee.
- Cancellations received **after October 4** will be charged the total registration fee.
- Those who cannot attend the conference may substitute colleagues in their places.

Membership

To verify your membership status, please contact llocke@cord.org.

Presenters

Presenters will be sent a different registration form after acceptance letters are sent in May. Please submit your registration using the presenter registration form by September 3.

W-9 Forms

To access a copy of the W-9 form, go to www.ncpn.info <2010 Conference> <Registration>.

Questions?

llocke@cord.org

Office use only

Date received _____

Code _____

Registration # _____