



EDUCATION COMMISSION OF THE STATES

THE 2004 NATIONAL FORUM ON EDUCATION POLICY

July 13–16, 2004 / Orlando, Florida / The Peabody Hotel

ECS COMMISSIONER REGISTRATION FORM

ECS Commissioners: If you are a member of any ECS committee – Executive, Finance, National Forum, Nominating, or Steering Committee – **STOP** here. Use the [committee member form](#) located on the registration page of the ECS Web site.

Please PRINT or TYPE information for all portions of this form. An incomplete form will delay your registration.

Fax your form **with a credit card number** to: 303.296.8332, Attention: Dara Piltz.
Questions? Please call Dara at 303.299.3621

1. NATIONAL FORUM REGISTRATION

Last Name First Name

Title

Organization

Address

City State Zip

Phone Fax

E-mail Address

2. ECS COMMISSIONERS (please check below)

• The ECS Business Session is on **July 14, 4:00-5:00 p.m.** Votes will be taken on official Commission business during this session.

___ I WILL ATTEND THIS SESSION

• New ECS Commissioners are invited to attend a special orientation meeting on **July 14, 5:00-6:00 p.m.** to acquaint you with the organization, meet ECS staff and ask any questions you may have.

___ I WILL ATTEND THIS SESSION

3. REGISTRATION FEES

Registration payment deadlines: Early (On or before June 25, 2004) and Late (After June 25, 2004)

Registration Description	Before June 25	After June 25
___ ECS Commissioner	\$300	\$350

4. MEAL FUNCTIONS

Check all meal functions you plan to attend. Your registration fee includes meal functions and materials.

YOU:

1		Wed., 7/14 – Opening Lunch
2		Wed., 7/14 – Off-site Dinner
3		Thurs., 7/15 – Chairman’s Breakfast
4		Thurs., 7/15 – Plenary Lunch
5		Thurs., 7/15 – Conant Award Banquet

If you plan to bring a guest to a meal function, please check the appropriate boxes below and add the costs to your total payment.

Spouse/Guest Last Name Spouse/Guest First Name

YOUR SPOUSE/GUEST:

1		\$25	Wed., 7/14 – Opening Lunch
2		\$50	Wed., 7/14 – Off-site Dinner
3		\$20	Thurs., 7/15 – Chairman’s Breakfast
4		\$25	Thurs., 7/15 – Plenary Lunch
5		\$40	Thurs., 7/15 – Conant Award Banquet

5. PAYMENT

Registration Fee: \$ _____

Spouse/Guest Meals: \$ _____

Total Due: \$ _____

Enclosed is check # _____
made payable to ECS in the amount of \$ _____.

Circle one: Visa / Mastercard / American Express

Card #:

Expiration Date:

Authorized Signature:

6. SPECIAL NEEDS

Please check all that apply:

___ Diabetic ___ Food Allergy

___ Vegetarian ___ ?Handicap-accessible Room

Other/Explanation:

7. DEMOGRAPHIC INFORMATION *(Optional)*

To help us analyze participation in our annual meeting, we would appreciate your taking the time to complete the following **voluntary** information:

Male Female

African American

Asian/Pacific Islander

American Indian/Alaskan Native

Caucasian

Latino/Hispanic

Other: _____

Age Group: 20-30

31-40

41-50

51-60

over