



EDUCATION COMMISSION OF THE STATES

THE 2004 NATIONAL FORUM ON EDUCATION POLICY

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

GENERAL REGISTRATION FORM

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. 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
___ Individual	\$650	\$800
___ Daily Registrant	\$325	\$325

4. MEAL FUNCTIONS

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

YOU:		
1	<input type="checkbox"/>	Wed., 7/14 – Opening Lunch
2	<input type="checkbox"/>	Wed., 7/14 – Off-site Dinner
3	<input type="checkbox"/>	Thurs., 7/15 – Chairman’s Breakfast
4	<input type="checkbox"/>	Thurs., 7/15 – Plenary Lunch
5	<input type="checkbox"/>	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	<input type="checkbox"/>	\$25	Wed., 7/14 – Opening Lunch
2	<input type="checkbox"/>	\$50	Wed., 7/14 – Off-site Dinner
3	<input type="checkbox"/>	\$20	Thurs., 7/15 – Chairman’s Breakfast
4	<input type="checkbox"/>	\$25	Thurs., 7/15 – Plenary Lunch
5	<input type="checkbox"/>	\$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