



EDUCATION COMMISSION OF THE STATES

THE 2004 NATIONAL FORUM ON EDUCATION POLICY

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

STATE POLICY LEADER REGISTRATION FORM

State policy leaders who are not ECS Commissioners are provided a special registration rate. State policy leaders are defined as: **Governors, Governors Aides, Legislators and Legislative Staff, SHEEOs & Staff, Chief State School Officers and Staff, State Board Members & Staff, Federal Policy Leaders & Staff.**

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

- The ECS Business Session is on July 14. Votes will be taken on official Commission business during this session.
- New ECS Commissioners are invited to attend a special orientation meeting on July 14 to acquaint you with the organization, meet ECS staff and ask any questions you may have.

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
____ State Policy Leader	\$400	\$450

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