You may print this form and complete it by hand or while viewing the form on your computer screen enter all the information and check the appropriate boxes. Don't forget to sign the form.

Print

REGISTRATION FORM — ***New York State Reading Association 2010 Conference***

March 7-9, 2010 — The Saratoga Hilton & City Center • Saratoga Springs, New York

Please complete all sections of this Conference Registration Form. Please PRINT neatly and clearly.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

School District/Company/Affiliation: _____ Position: _____

*Valid E-mail: (Required for Registration Confirmation): _____

Are you a current member of NYSRA?♣ ☐ Yes ☐ No If yes, which local council? _____

(♣Please note: Membership in IRA is <u>not the same</u> as membership in NYSRA. You must be a member of a local NYSRA Council or hold at-large membership in NYSRA to qualify for the member rate. Membership will be verified.)

REGISTRATION FEES/OPTIONS

☐ **NYSRA At-Large Membership** (By joining NYSRA you qualify for the NYSRA Member Conference Rates.) **$40.00**

Full Conference Rates (March 7-9)

Early Bird rate if received by 12/1/09

☐ NYSRA Member **$200.00**
☐ Non NYSRA Member **$250.00**

Rate if received after 12/1/09

☐ NYSRA Member **$250.00**
☐ Non NYSRA Member **$300.00**

One Calendar Day Rates

☐ NYSRA Member **$100.00**
☐ Non NYSRA Member **$150.00**

Please indicate the day you will be attending:

☐ Sunday, March 7 ☐ Monday , March 8
☐ Tuesday, March 9

School Groups Rates (Must be in groups of 3 or more from a single district. All attendees must send their registrations together to receive discount.)

☐ **Full Regular Conference** **$175.00 each**
☐ **One Calendar Day** **$75.00 each**

Please indicate the day you will be attending:

☐ Sunday, March 7 ☐ Monday , March 8
☐ Tuesday, March 9

Full Time College Student* (One Day) **$25.00/day**

(* Verification required: Students must attach a current letter from the college or university to verify student status.)

Please indicate the day you will be attending:

☐ Sunday, March 7 ☐ Monday , March 8
☐ Tuesday, March 9

Administrator's Day Monday, March 8

☐ NYSRA Member **$100.00**
☐ Non NYSRA Member **$150.00**

☐ Free Administrator's Day Registration for administrators if registered with 5 or more teachers from the same district who pay the <u>Full Regular Conference rates</u>.

✧✧✧✧✧ ***SPECIAL EVENTS* and FOOD** ✧✧✧✧✧

<u>An Evening with Kim and Reggie Harris</u> **Included**

Sunday Evening, March 7 starting at 8:00

☐ Check here if you plan to attend the program

☐ <u>Meet the Authors</u> Progressive Dinner **$50.00**

Monday Evening , March 8

Includes a free book ***(Limited Seating- Reserve Early)***

For Hotel room reservations call 518-584-4000. Indicate that you are with the NYSRA conference and use the Code ACUV to get the conference rate of $119/night. Note that hotel parking is an extra $10/car/day. (deadline 1/29/10).

REGISTRATION TOTALS AND PAYMENT INFORMATION

Registration Totals

Membership Fee Subtotal $_____

Registration Fee Subtotal $_____

Progressive Dinner Subtotal $_____

Total Amount Due $_____

Form of Payment

Full payment must accompany this form. Please verify the accuracy of the amount due. If checks are written for incorrect amount, you will be contacted. Method of Payment & Registration Forms must be mailed together. Please check box for payment option.

☐ Check #_____ Name on Check: _____

☐ Money Order ☐ Cash

☐ Purchase Order- PO Number: _____

Credit Card: ☐ Visa ☐ MasterCard ☐ AMEX

Credit Card Number: _____

Name on Card: _____

Expiration Date: _____ Billing Zip Code: _____

Last 3 or 4 digits from back of card: _____

Signature: _____ Date: _____

(NYSRA reserves the right to charge your credit card the correct amount if there is an error in calculation of total amount due.)

(NYSRA Federal Taxpayer ID Number: 16-6098728)

✧✧✧✧✧✧✧✧✧ ***IMPORTANT NOTICE*** ✧✧✧✧✧✧✧✧✧

A $25.00 late registration fee will be assessed for all registrations received after 2/16/10 and for On-Site registrations. Refunds will be made only for a written requests postmarked by 3/1/10.

Mail/Fax Completed Registration Form Along With Method of Payment to:

NYSRA Conference Registration
c/o Mary and Larry Kline
223 Homewood Drive
Clinton, NY 13323
Fax/Phone: 315-853-4923

For **registration** questions or registration confirmation, call Mary or Larry Kline at: phone/fax 315-853-4923 or e-mail kliner@roadrunner.com .

For **non-registration** conference questions, contact Barbara Haverly, Conference Coordinator at mitchellH2@aol.com

Clear this form

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☐ Please check here to indicate that you will need a sign language interpreter. NYSRA must be informed by February 2, 2010.

☐ Please check here to indicate special dietary needs and attach dietary requirements. NYSRA must be informed by February 9, 2010.