NELMS Summer Institutes & Courses Registration Form
July 20–22, 2010

One attendee per form. This form may be duplicated for additional registrations. Please register early to secure your place. Your registration fee includes three continental breakfasts, three special luncheons, and all registration materials. Please print clearly and fully complete this form, including your summer address and phone number. If needed, call the NELMS office (978) 887-6263 or e-mail: nelms@nelms.org for additional information.

PLEASE PRINT OR TYPE

Your Name _____ Position _____

School _____ Phone _____

Street _____ E-mail _____

Your e-mail is very important since confirmations are sent by e-mail only.

City _____ State _____ ZIP _____

NELMS Member ❑ Yes ❑ No

HOME/SUMMER INFORMATION

Phone _____

Street _____ E-mail _____

Your e-mail is very important since confirmations are sent by e-mail only.

City _____ State _____ ZIP _____

I will attend: *(Please select one Institute only.)*

- ☐ Leadership Institute
- ☐ Connect & Develop Personal Meaning…
- ☐ Checking for Understanding…
- ☐ Implementing RTI at the Middle Level
- ☐ Inviting Success in ML Classrooms
- ☐ Differentiated Instruction

NELMS offers Connecticut CEUs, Massachusetts PDPs and Rhode Island PDCs

Graduate Credits (check this box to receive information) ☐

Registration costs: Attend as a team, partial team, school team or individual. To receive the team registration fee all registration forms must be received together. The team registration fee is based on a per person rate.

Early Registration by July 6, 2010

1 Person (Member) 3 days @ $389 Non-Member add $40

Register after July 6, 2010 add $30

Register 5 or more, 1 attends free Register 10 or more, 2 attend free

Discounts: Full-time college students and large group discount (20 or more) are available. Please inquire for rates.

Payment: Total amount due $ _____

❑ Mastercard ❑ Visa ❑ Discover

Card# ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐ / ☐☐

Make all checks payable to NELMS and mail to:

New England League of Middle Schools • 460 Boston Street, Suite 4 • Topsfield, MA 01983-1223

Cardholder's name _____

Cancellatons: Please see www.nelms.org/calendar.html for NELMS Conference/Event Cancellation Policy

In compliance with the ADA (American Disabilities Act), if you require special assistance while attending this activity, please check the box below. A NELMS representative will be in contact upon receipt of this form to help you plan a more meaningful conference experience.

❑ Yes, I have need for special assistance _____