36th Annual Middle Level Conference
Registration Form
March 30 & 31, 2017

PLEASE PRINT OR TYPE

School_____

Street _____

City _____ State_____ZIP_____

Phone _____ NELMS Member ❑ Yes ❑ No

Registration Form for Conference Attendance on Thursday and Friday March 30 & 31, 2017
CONFERENCE REGISTRATION FEES: (please enter the number of attendees for the appropriate day rate):

Early Registration by 12/16/2016: ☐ Day Rate Member: $179 ☐ Day Rate Non-Member: $219
☐ 2 Day Rate Member: $295 ☐ 2 Day Rate Non-Member: $365

Standard/On Site Registration: ☐ Day Rate Member: $209 ☐ Day Rate Non-Member: $249
☐ 2 Day Rate Member: $355 ☐ 2 Day Rate Non-Member: $425

The Luncheon Keynote is in addition to conference registration fee.

Register 4 get the 5th registration free (multiple discounts will not apply).

PLEASE CHECK THE APPROPRIATE BOX.
PLEASE BE ACCURATE AND NEAT IF FILLING OUT BY HAND. USE ADDITIONAL FORMS AS NEEDED.

Attendee(s) Full Name & E-mail address	Attending 5:00 PM Wednesday Welcome Reception Pls. check	**Grad. Credits		Check Day(s) Attending		*Keynote Luncheon $40 each day		***Total Due***
		Yes	**No**	**Th**	**F**	**Th**	**F**	
Confirmations are sent by e-mail								

* Additional charges apply. **Do not include payment for Graduate Credits.

Payment: Total amount due $_____

❑ Purchase order (if you are paying by PO please fax or mail the PO to NELMS) ❑ Enclosed, check payable to NELMS

❑ Mastercard ❑ Visa ❑ Discover

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

Billing ZIP Code _____ Security Code (from back of card) ☐☐☐

Cardholder's name _____ Signature _____

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In compliance with ADA (American Disabilities Act), if you require special assistance while attending this activity please contact NELMS 3 weeks prior to the event.