

**Rhode Island Scholar Leader Awards Banquet  
Crowne Plaza Hotel, Warwick, RI  
Tuesday May 22, 2018  
2018 Nomination & Registration Form**

*Sponsored by the New England League of Middle Schools and the Rhode Island Middle Level Educators*

This registration form must be received **NO LATER THAN April 27, 2018.**  
Registrations cannot be accepted after this date - so please be sure to register on time!

Principal \_\_\_\_\_ School \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I nominate the Students listed below to receive a Rhode Island Scholar Leader Award for 2018.  
I certify by my signature that each has met the stipulated scholastic, leadership, and personal criteria

\_\_\_\_\_  
*Signature of Principal (required)*

PLEASE **PRINT** NAMES **CLEARLY** and **LEGIBLY** - This is how they will appear on the awards and in the program!

1. SCHOLAR LEADER (first) \_\_\_\_\_ (last) \_\_\_\_\_

2. SCHOLAR LEADER (first) \_\_\_\_\_ (last) \_\_\_\_\_

PLEASE NOTE:

1. **Remittance should be payable to the New England League of Middle Schools. Purchase orders & credit cards accepted.**
2. **Registration confirmations sent by email to the Principal or designated contact. Congratulations letters from NELMS and directions to the banquet arrive at the school by US Mail for distribution to the winners.**
3. **Mail, fax, or email this form and payment information to NELMS (see below)**

Is your school a member of the New England League of Middle Schools?

**Circle One**  
YES NO  
YES NO

Is your school a member of the Rhode Island Middle Level Educators?

<b>Select one:</b> Table of 8 \$319 <b>-OR-</b> Table of 10 \$399 Scholar Leaders <u>must</u> be included in your seat count at your table.	\$ _____
<b>Non-member</b> schools (\$40 for each Scholar Leader)	\$ _____
<b>Total</b>	\$ _____
<b>Copy of Signed Purchase Order</b>	
<b>Check Enclosed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please Bill (Mastercard, Visa or Discover)</b>	<b>Expiration date</b> <b>CSV</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	____/____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ Cardholder Signature	<b>Billing Zip Code:</b> _____

To simplify the process, your school is responsible for guest attendance.  
The facility will not allow us to alter table set up the night of the event. We cannot add extra seats for last minute guests.

**Return this registration to:**

New England League of Middle Schools, 50 High Street, Suite 10, North Andover, MA 01845  
P: (978) 557-9311 F: (978) 557-9312 E-mail: nelms@nelms.org