

**MASSACHUSETTS MIDDLE LEVEL SCHOLAR LEADER AWARDS
 BEST WESTERN ROYAL PLAZA, MARLBOROUGH, MA
 THURSDAY, MAY 30, 2019
 2019 NOMINATION & REGISTRATION FORM**

*Sponsored by the Commonwealth of Massachusetts Middle Level Educators and the
 New England League of Middle Schools*

This registration form and reservation request must be received **NO LATER THAN May 3, 2019**
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 Massachusetts Scholar Leader Award for 2019.
 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 will be mailed to your school.
3. Mail, fax, or email this form and payment information to NELMS (see below)

Is the school a member of the New England League of Middle Schools?	Circle Answer YES NO	
Member Table of 10	\$	399.00
Scholar Leaders must be included in your count at your table.		
Non-member (additional \$40 for each Scholar Leader)	\$	
Total	\$	
Copy of Signed Purchase Order		
Payment Enclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please Bill (Mastercard, Visa or Discover)	Expiration date	CSV
<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 _____	Billing Zip Code: _____	

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