

**Rhode Island Scholar Leader Awards Banquet
Crowne Plaza Hotel, Warwick, RI
Thursday, May 16, 2019
2019 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 12, 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 Rhode Island 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 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?

Select one: Table of 8 \$319 -OR- Table of 10 \$399 Scholar Leaders <u>must</u> be included in your seat count at your table.	\$ _____
Non-member schools (\$40 for each Scholar Leader)	\$ _____
Total	\$ _____
Copy of Signed Purchase Order	
Check 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