

Conference Registration Form

1. PLEASE PROVIDE US WITH COMPLETE INFORMATION

Name: _____	Work Phone: _____
Address: _____	Home Phone: _____
Work <input type="checkbox"/> Home <input type="checkbox"/>	Fax Number: _____
Town, State, Zip: _____	Co./District: _____
Position: _____	E-mail: _____

2. SELECT YOUR PSDC/MITI HANDS-ON WORKSHOP SESSION(S) ~ additional fees required

Please refer to the conference program for specific details, times, and locations of each of the MITI and PSDC workshops listed below

Monday, Nov. 26	Tuesday, Nov. 27	Wednesday, Nov. 28	Thursday, Nov. 29
	<input type="checkbox"/> MITI-01 (\$220) Digital Camera included Equipment: \$190 Workshop: \$30	<input type="checkbox"/> MITI-02 (\$330) iPod Video & TuneTalk included Equipment: \$300 Workshop: \$30	<input type="checkbox"/> MITI-03 (\$150) Digital Camcorder included Equipment: \$120 Workshop: \$30
<input type="checkbox"/> PSDC01M (\$100) <input type="checkbox"/> PSDC02PC (\$50) <input type="checkbox"/> PSDC03W (\$60) <input type="checkbox"/> PSDC04PC (\$50) <input type="checkbox"/> PSDC05W (\$60) <input type="checkbox"/> PSDC06M (\$50)	<input type="checkbox"/> PSDC07M* (\$30) <input type="checkbox"/> PSDC08PC* (\$25) <input type="checkbox"/> PSDC09W* (\$70) <input type="checkbox"/> PSDC10P* (\$25) <input type="checkbox"/> PSDC11P* (\$25) <input type="checkbox"/> PSDC12M* (\$25) <input type="checkbox"/> PSDC13PC* (\$25) <input type="checkbox"/> PSDC14W* (\$150) RobotKit: \$120 Workshop: \$30 <input type="checkbox"/> PSDC15P* (\$20) <input type="checkbox"/> PSDC16M (\$50) <input type="checkbox"/> PSDC17PC (\$50) <input type="checkbox"/> PSDC18W (\$50)	<input type="checkbox"/> PSDC19M* (\$30) <input type="checkbox"/> PSDC20PC* (\$25) <input type="checkbox"/> PSDC21W* (\$30) <input type="checkbox"/> PSDC22M* (\$30) <input type="checkbox"/> PSDC23PC* (\$25) <input type="checkbox"/> PSDC24W* (\$30) <input type="checkbox"/> PSDC25PC* (\$20) <input type="checkbox"/> PSDC26M (\$35) <input type="checkbox"/> PSDC27PC (\$50) <input type="checkbox"/> PSDC28W (\$50)	<input type="checkbox"/> PSDC29M* (\$25) <input type="checkbox"/> PSDC30PC* (\$25) <input type="checkbox"/> PSDC31W* (\$25) <input type="checkbox"/> PSDC32M* (\$25) <input type="checkbox"/> PSDC33PC* (\$30) <input type="checkbox"/> PSDC34W* (\$25)
			The (*) denotes a daytime PSDC session. The fees listed for these PSDC sessions have been discounted and are in addition to the general conference registration.
Total ALL PSDC & MITI selected above = \$ _____ (Please include this \$ amount in the shaded space provided below.)			

Please select additional hands-on workshops **above** to determine your total registration fee below.

3. GENERAL CONFERENCE REGISTRATION

3-day General Registration \$300 \$ _____	3-day NHSTE Member Registration \$285 \$ _____
Tuesday General Registration \$110 \$ _____	Tuesday NHSTE Member Registration \$105 \$ _____
<i>Please remember your Tuesday Lunch Selection: <input type="checkbox"/> box lunch <input type="checkbox"/> sit-down lunch</i>	
Wednesday General Registration \$110 \$ _____	Wednesday NHSTE Member Registration \$105 \$ _____
<i>Please remember your Wednesday Lunch Selection: <input type="checkbox"/> box lunch <input type="checkbox"/> sit-down lunch</i>	
Thursday General Registration \$110 \$ _____	Thursday NHSTE Member Registration \$105 \$ _____
<i>Please remember your Thursday Lunch Selection: <input type="checkbox"/> box lunch <input type="checkbox"/> sit-down lunch</i>	
PSDC & MITI Total From Above: \$ _____	PSDC & MITI Total From Above: \$ _____
General Registration Grand TOTAL: \$ _____	NHSTE Member Registration Grand TOTAL: \$ _____
NHSTE Bundle/Attendance ID # _____	

PLEASE NOTE: Lunch is **included** in the conference general registration fee. If you do not make a luncheon choice for each day you are scheduled to attend, a sit-down lunch will be assumed.

PLEASE RETURN THIS FORM WITH YOUR CHECK or PURCHASE ORDER MADE OUT TO NHSAA to:

NHSAA/NHSTE
 46 Donovan Street, Suite 3, Concord, NH 03301
 Phone (toll free): 866-753-4479 ~ Fax: 603-225-3225 ~ Email: lucile@nhsaa.org