NEATE 2009 FALL CONFERENCE OCTOBER 23-24, 2009
REGISTRATION FORM

NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE:_____ ZIP: _____
SCHOOL: _____ SCHOOL ADDRESS: _____
EMAIL: _____
# of NEATE conferences attended. _____ #of Years as a NEATE member_____

Would you prefer to receive confirmation by email or mail? Check one: _____ email _____ mail

If you register by October 2, 2009, you can subtract $15 from your conference fee.

CONFERENCE FEES: (circle one)	**Member**	**Non-member**
Friday only	$100	$130*
Saturday only	$75	$105*
Friday & Saturday	$155	$195*
* = includes membership 10/1/09-9/30/10		

MEAL TICKETS: (check one)
_____ Friday Luncheon $26
_____ Friday Vegetarian $26

MEMBERSHIP: (circle one)	**1 YEAR**	**2 YEARS**
Regular	$20	$35
Full-time Student	$10	$20
Retired Teacher	$10	$20

AMOUNT DUE:

Conference Fee $_____
Early Reg. (by 10/2/09) – $15.00
Sub Total = $_____
Meals + $_____
Membership Fee + $_____
TOTAL = $_____

Purchase Order # _____ NEATE's Tax ID #23-7025784.
Your purchase order MUST arrive prior to the conference or you will need to pay by check or credit card.

NEATE accepts Visa, MasterCard, and Discover. Please fill in the information below:

_____ _____ _____
Card Number and Type (Visa/MC/Discover) Expiration Date Signature

Cancellation Policy: Participants unable to attend may send a substitute without penalty as long as you notify registration. Full refund is available on or before 9/26/09; a $25.00 handling fee will be charged for cancellation between 9/27/09 – 10/10/09; no refund after 10/10/09.

Mail completed registration form to: Richard West, NEATE Treasurer, 843 Gould Hill Road, Contoocook, NH 03229-2816