# The 44th Annual Family Involvement Conference

## Presenter's Registration Form

**Name:** _____
(title) (first) (middle) (last)

**Position:** _____
(title) (school district/other affiliation)

**Home Address**: _____
(street) (city) (state) (zip)

_____(  )_____(  )_____
(email) (telephone) (fax)

**Work Address**: _____
(street) (city) (state) (zip)

_____(  )_____(  )_____
(email) (telephone) (fax)

**Title of Session(s):** _____

**IMPORTANT NOTE:**
Presenters must register for the conference using this registration form, and pay a $50.00 non-refundable conference registration fee. This represents a 75% discount on the regular conference registration fee. The fee will cover the expense of conference materials, lunch and refreshment breaks during the day of the presentation. Presenters who are staying longer than the day of their presentation must select from the meal options below.
**MEALS ARE NOT INCLUDED IN OUR HOTEL PACKAGE.**

Option 1: Meals for the entire conference beginning with dinner on Sunday evening and ending with lunch on Wednesday
Number, Amount _____ X $244.50 each _____

Option 2: Select only the meals you are interested in purchasing

| Sunday | Monday | Tuesday | Wednesday |
|---|---|---|---|
| ___ Dinner $37.50 | ___ Breakfast $18.50<br>___ Lunch $25.50<br>___ Dinner $37.50 | ___ Breakfast $18.50<br>___ Lunch $25.50<br>___ Dinner $37.50 | ___ Breakfast $18.50<br>___ Lunch $25.50 |

Total Amount: _____

**If paying by credit card, please provide the following information:**

Card Number: _____ Expiration Date: _____

SSV Number: _____ Billing ZIP Code: _____

Cardholder's Signature: _____

| *Make Checks Payable to:* | *Mail to:* | *Questions:* |
|---|---|---|
| **Family Involvement Conference** | **Mr. Paul Rinaldi**<br>**509 Newlins Road W**<br>**Easton, PA 18040** | **Mr. Paul Rinaldi**<br>**(610) 250-9455**<br>**paulfrinaldi@gmail.com** |