

The 48th 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:

This form is for use of those who are attending the Family Involvement Conference for just the day of your workshop. If you are attending the entire conference, please register on the website with the **Conference Registration Form** that includes meal selection.

All proposals applicants will receive an email of acceptance or decline with an attachment to register for the **Full** conference (October 9-12, 2022) on the website.

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:
Family Involvement Conference

Mail to:
Ms. Marta Droddy
2290 Water Garden Drive
Hanover, PA 17331

Questions:
Ms. Marta Droddy
madrodd@carrollk12.org