



Leadership Institute Conference 2010 Registration

Please complete this form and mail to PCCS, 999 West Chester Pike - Suite B6, West Chester, PA 19382

Note: If filling out this form on your computer, you may type your information directly into the blank fields below and print the completed form on your printer.

Leadership Institute Conference Options & Rates	PCCS Member	Non-Member
Workshop Attendee Rate	\$285 / person	\$425 / person
Workshop Attendee Group Rate (4 or more)	\$260 / person	\$380 / person
Spouse / Guest Rate	\$185 / person	

Contact Information

* If this contact individual is attending the conference, be sure to enter this person's information in the "Conference Attendees" section.

Name of School or Organization: _____

Contact Name: _____

Address: _____

Contact Telephone: _____

Address: _____

Contact Email: _____

City, State Zip _____

Registration Fee Calculation

- Step 1: Is your school or organization a member of PCCS? Yes No
 - Step 2: Enter the number of individuals in your group that will be Workshop attendees. _____
 - Step 3: Enter the appropriate Workshop Attendee Rate from the chart above. _____
 - Step 4: Multiply Step 2 by Step 3 and enter the total here. _____
 - Step 5: Enter the number of Spouse / Guest attendees. _____
 - Step 6: Multiply Step 5 by \$185.00 and enter the total here. _____
 - Step 7: Add Step 4 and Step 6 together and enter the grand total here. _____
- Use this amount when filling out your check made payable to "PCCS".**

Registration Policies

No refunds after April 15, 2010.
 Full payment must accompany the registration form in order to complete registration.
 Each person included in your registration must be listed under the "Conference Attendees" section. Use additional pages if necessary.
 Credit cards accepted for online registration only.
 Checks should be made payable to "PCCS" or "Pennsylvania Coalition of Charter Schools".
 Participants are responsible for arranging their own travel and overnight accommodations. Hotel information is available on our website.



Conference Attendees

Please provide the following information for each attendee accounted for in the "Registration Fee Calculation" section.

_____	_____	_____
<i>First & Last Name</i>	<i>Title</i>	<i>Professional Designations (PhD, M.Ed, etc.)</i>
_____	_____	<input type="checkbox"/> Workshop Attendee <input type="checkbox"/> Spouse / Guest Attendee
<i>Email Address</i>	<i>Telephone Number</i>	<i>Conference Attendee Type (please select one or the other)</i>

_____	_____	_____
<i>First & Last Name</i>	<i>Title</i>	<i>Professional Designations (PhD, M.Ed, etc.)</i>
_____	_____	<input type="checkbox"/> Workshop Attendee <input type="checkbox"/> Spouse / Guest Attendee
<i>Email Address</i>	<i>Telephone Number</i>	<i>Conference Attendee Type (please select one or the other)</i>

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_____	_____	<input type="checkbox"/> Workshop Attendee <input type="checkbox"/> Spouse / Guest Attendee
<i>Email Address</i>	<i>Telephone Number</i>	<i>Conference Attendee Type (please select one or the other)</i>

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_____	_____	<input type="checkbox"/> Workshop Attendee <input type="checkbox"/> Spouse / Guest Attendee
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<i>First & Last Name</i>	<i>Title</i>	<i>Professional Designations (PhD, M.Ed, etc.)</i>
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