LEAD CONFERENCES ENERGIZE YOUR LEADERSHIP

2010 LEAD CONFERENCE SUBSTITUTION FORM

Instructions: This form must be completed in its entirety **by typing or clearly printing**. When completed, please **FAX** this form to: 703–476–9321, attention: Kathy Jones or bring the form with you to the conference.

Conference Attending:

☐ Washington, D.C., Feb. 5-7 ☐ Chicago, IL, Feb. 19-21 ☐ Phoenix, AZ, March 19-21

Name of original registrant: (as it appeared on the original registration form)

Last Name First Name

School Name State Zip Code

School Affiliation Number _____ Check one: ❑ Adviser ❑ Student
Check one: ❑ Male ❑ Female

Substitute registrant information:

School Affiliation Number _____

Level: ❑ High School Student ❑ Middle Level Student ❑ Adviser

Activity Type: ❑ Student Council ❑ NHS ❑ NJHS Gender: ❑ Male ❑ Female

Medical Conditions: _____ Vegetarian? ❑ Yes ❑ No

Allergies: _____

Last Name First Name Grade in Sept. '09

Home Street Address City State Zip Code

(_____) (_____)
Home Phone Number Emergency Phone Number Registrant's E-mail Address

School Name

School Street Address City State Zip Code

Adviser at conference (for students only) Adviser's E-mail Address

By signing this form you are hereby giving consent to the National Association of Secondary School Principals and its subsidiary organizations to use photographs and videotaped images of conference attendees for promotional, editorial, and advertising purposes.

Substitute Attendee's Signature (adviser or students) Substitute's Parent Signature (required for students)

Conference Adviser Signature Date

If you have any questions or concerns, please call Kathy Jones at 800–253–7746 ext. 322