

LEAD CONFERENCE ONLINE PAYMENT FORM

Instructions: Complete this form **only after** you have completed your registration online. This two-page PDF document is data entry ready and must be typed. After completing all areas, **mail** the form **with your payment** by the deadline date listed below to **NASSP, PO Box 3250, Reston, VA, 20195-1250. Make checks payable to NASSP/LEAD Conferences.**

Note: You must complete the online registration prior to submitting the payment form and payment. Enter the exact names of each adviser and student that registered with your delegation (using the online registration database) on page two. **Do not** send us copies of your online registration form(s) that you may have printed out for your record, send only this completed form with your payment. Please retain a copy of this form for your records.

Conference Attending:

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

School Name: _____

School Street Address: _____

School City/State/Zip: _____

School Phone: (_____) _____ - _____ School Fax: (_____) _____ - _____

Conference Adviser's Name: _____

Conference Adviser's Email: _____

Attendees from member schools (please verify that your school affiliation dues have been paid)

_____ Number of Students

_____ Number of Advisers

_____ Total # **X** \$165 (*early-bird fee) or \$185 member fee = \$ _____ Total Amount

Attendees from non-member schools:

_____ Number of Students

_____ Number of Advisers

_____ Total # **X** \$265 (*early-bird fee) or **X** \$285 non-member fee = \$ _____ Total Amount

****To take advantage of the early-bird registration fees you must send payment by the deadline date(s) below.***

Method of Payment: *purchase orders cannot be accepted.*

Check Enclosed Check # _____ Check Amount: \$ _____

(Make check payable to NASSP/LEAD Conferences; mail to NASSP, PO Box 3250, Reston, VA, 20195-1250)

Credit Card – Card is Personal Business

Card Type: MasterCard VISA AMEX

Credit Card Number _____ Exp. Date _____
(Month/Year)

Cardholder's Name _____

Cardholder's Address _____

Cardholder's City/State/Zip _____

Cardholder's Signature _____ Date _____

Note: Forms completed using a credit card for payment can be faxed to: Kathy Jones at 703-476-9321.

CONFERENCE SITE	EARLY BIRD ONLINE REGISTRATION DEADLINE	*EARLY BIRD PAYMENT POSTMARK DEADLINE	Regular Registration Postmark Deadline & Conference Online Registration CLOSING ON:
Washington, DC	1/04/10	1/08/10	1/22/10
Chicago, IL	1/18/10	1/22/10	2/05/10
Phoenix, AZ	2/15/10	2/19/10	3/05/10

Advisers

(List names exactly as they were entered into the online registration date base.)

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | 12. _____ |
| 13. _____ | 14. _____ | 15. _____ |
| 16. _____ | 17. _____ | 18. _____ |
| 19. _____ | 20. _____ | 21. _____ |

Students

(List names exactly as they were entered into the online registration date base.)

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | 12. _____ |
| 13. _____ | 14. _____ | 15. _____ |
| 16. _____ | 17. _____ | 18. _____ |
| 19. _____ | 20. _____ | 21. _____ |
| 22. _____ | 23. _____ | 24. _____ |
| 25. _____ | 26. _____ | 27. _____ |
| 28. _____ | 29. _____ | 30. _____ |
| 31. _____ | 32. _____ | 33. _____ |
| 34. _____ | 35. _____ | 36. _____ |
| 37. _____ | 38. _____ | 39. _____ |
| 40. _____ | 41. _____ | 42. _____ |
| 43. _____ | 44. _____ | 45. _____ |
| 46. _____ | 47. _____ | 48. _____ |
| 49. _____ | 50. _____ | 51. _____ |
| 52. _____ | 53. _____ | 54. _____ |
| 55. _____ | 56. _____ | 57. _____ |
| 58. _____ | 59. _____ | 60. _____ |