

Registration Form

Please complete a separate registration form for each individual attending. *This form may be photocopied.*

Name _____

Present Position _____

District/Institution _____

School (if applicable) _____

Address _____

City _____

State _____ Zip _____

Phone (W) _____

Fax _____

E-mail (required): _____

Twitter name (optional for nametag): _____

This form must be completed in its entirety. By mailing or faxing this form you will complete your registration. You will receive an e-mail confirmation two weeks prior to the conference.

Send Registration Form/Payment To:

Virginia ASCD

1622 Baileys Retreat

Charlottesville, Virginia 22901

Phone (540) 832-7666 Fax (540) 832-7735

-OR-

Register on-line at: <http://www.vaascd.org>

Questions? E-mail us at: vascd1@verizon.net

Make Your Hotel Reservations Directly With:

Comfort Inn

170 Jonesboro Road, I-81 Exit 14, Abingdon, VA

Reservations: Phone: (276) 676-2222

-OR-

Comfort Suites

1093 Ole Berry Drive, I-81 Exit 14, Abingdon, VA

Reservations: Phone (276) 698-3040

VASCD Southwest Regional Conference

September 24, 2009

Southwest Virginia Higher
Education Center
Abingdon, VA



www.vaascd.org

“Closing the Gap in Student Performance: What Great Schools Do Differently”

Keynote Speakers:

Todd Whitaker

“What Great Schools Do Differently”

Paula Brown

“The Great Equalizers: Practices Designed to Close the Achievement Gap This Year”

Registration Information

10% discount offered for teams of 7-15; 20% discount for 16 or more. Contact Judy Lam at (540) 832-7666 to register your team!

VASCD SW Regional Conference

- \$195 VASCD Member
- \$235 Non-VASCD Member
(includes a complimentary one-year membership)
- \$210 SVETN Member
- \$170 SVETN and VASCD Member

\$ 40 VASCD Membership Renewal

\$ _____ TOTAL

Purchase Order PO # _____

Check Enclosed Credit Card

Full-Time Undergraduate Student Registration Fees (ID Card Required)

- \$50
- \$15 VASCD Student Membership

\$ _____ TOTAL

Purchase Order PO # _____

Check Enclosed Credit Card

Payment by Credit Card - Visa MC AMX

Card # _____

Security Code _____ Exp Date _____ Billing Zip _____

Billing Address _____

Cardholder's Signature _____

If unsure about your current Virginia ASCD or SVETN membership status, please contact the VASCD office before completing registration form. **Note: ASCD membership does not automatically include individual VASCD membership except through their joint dues program.**

Registration Deadline August 20, 2009. Price change reflected above after this date. There are no refunds. You may designate another person to take your place. Please notify the VASCD office prior to the conference of the substitution.