



STANYS Eastern Section, 28th Annual Siena Conference Registration Form

Siena College, Friday, October 16, 2009 from 3:00 to 9:00 PM

(Check in, refreshments, and exhibits from 3:00 - 4:10. Introductory remarks at 4:15, then the sessions begin at 4:30. Dinner is at 6:45, the Keynote Address and door prizes will follow dinner at 7:55)

Important: All participants AND presenters must pick up materials at the registration desk at Sarazen Campus Center!

- ✓ Fill in the registration information specified on the form below.
(Copies of this form and the conference brochure can be downloaded from: www.Eastern-stanys.org)
 - ✓ Make out a check for the appropriate amount:
 - \$ 35 for STANYS members
 - \$ 45 for Non-members
 - \$ 30 for students or pre-service teachers
 - ✓ Make checks payable to: **STANYS Eastern Section**
- Purchase orders will NOT be accepted** unless accompanied by a check for payment in full.

✓ Mail the registration form, along with your payment postmarked by **Wednesday, September 30th** to:
Kelly Ryan, Registrar, 9 Heather Lane, Rensselaer, NY 12144

A late fee of \$10.00 will be assessed to any registration received after 9/30/09. No one will be officially registered until full payment is received. If the district is paying, you may forward a personal check, which will be returned on the day of the conference at registration. Check appropriate place on the form below to hold your registration with a personal check.* Registration questions: contact Kelly Ryan at

kryan@NCOLONIE.ORG

- ✓ Arrive at Sarazen Campus Center before 4:10 PM to pick up your conference information and program.

Please mail the bottom portion of this form with your check, retain the top section for your information.

✂-----
Name _____ Amount enclosed \$ _____

* _____ **Check here if you sent a personal check to hold your registration until your district check arrives.**

All information provided will be treated as confidential and will only be used for registration purposes.

Home information: School or Affiliation information:

Street _____	School Name _____
Town/City _____	Street _____
Zip Code _____	Town/City _____
Home Phone _____	Zip Code _____
E-mail address _____	School Phone _____ ext. _____
Subject area(s) taught, or of most interest to you: _____	

Certificate Credit: _____ 2 workshop sessions _____ 2 workshop sessions + Keynote address

*You will **always** get your first choice unless the session is filled or cancelled. ---- Register early!!
If you have no second choice, you will have to choose from what is available on the day of the conference.*

Session Choices:

Session 1 First choice: _____ -----> **Alternate choice for Session 1:** _____
Session 2 First choice: _____ -----> **Alternate choice for Session 2:** _____