

Minnesota Assessment Conference

August 6, 2009 - 8:00a.m. - 3:30p.m. Northwestern College, St. Paul

Registration deadline - July 23, 2009, or until event is full

Online registration is available at www.mngts.org

This is the preferred method of registration.

Click on the Assessment Conference logo to access the site – then click on the registration link.

****The form below is provided only for anyone who cannot register online.****

REGISTRATION FORM

Summer Email Address (required): _____

NOTE: All registration confirmations and reminder notices will be sent electronically. A **“summer” email address for each registrant is required.** If at all possible, this should be a unique (one address/registrant) address.

First Name: _____ Last Name: _____

School/District/Organization: _____

School Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____

Current Position: DAC Administrator Teacher Leader Other (please specify) _____

Special Needs: Check all that apply (**Must be received by June 19, 2009**)

- I plan to use the complimentary shuttle from the Radisson Hotel
- I have a dietary restriction (please specify) _____
- I require ancillary aids (i.e., interpreter, large print materials) or other accommodations. Please contact me at _____ (phone or e-mail)

To assist conference planners in assigning session times and rooms, please **CIRCLE** your session choice in each of the three sections below. Ticketed sessions (**boxed**) have limited seating. **Please Note: Additional sessions and/or repeated sessions may be added to final program agenda.**

Section A – 1 2 3 4 5 6 7 8 9 10 11 12 13

Section B – 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 **16** 17 18 19 20 21 **22**

Section C – 1 2 3 **4** 5 6 7 8 9 10 **11** 12 13

Fee Options:

- \$70 per person - "Early Bird" rate. Must be postmarked by June 11, 2009.
- \$85 per person - Regular rate for registrations postmarked from June 12 - July 23, 2009.
- \$100 per person - "Space Available" rate for registrations postmarked after July 23, 2009.

Payment Options: (choose one)

- Enclosed is check # _____ in the amount of \$ _____ payable to GTS.
- Bill me - Purchase order # (if applicable) _____ Billing email (required): _____
- Credit card (circle type: Amex, Discover, Mastercard or VISA) Card# _____
Exp date _____ Security code (3 digit number on back of card) _____
Name on card: _____
E-mail (for charge receipt): _____

Return this form to: Government Training Services, 2233 University Ave West, Suite 150, St. Paul, MN 55114
FAX: 651-223-5307

Questions about registration: Catherine Dubbe cdubbe@mngts.org or Carol Schoeneck cschoeneck@mngts.org
Phone: 651-222-7409