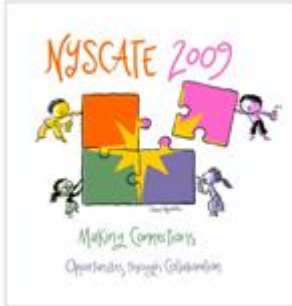


## 2009 ANNUAL CONFERENCE REGISTRATION FORM



Individual and Group Rates (note: you must be a member of NYSCATE to register for the Annual Conference)

Full Conference	
1-10	\$165 each
11-50	\$150 each
51-100	\$125 each
101+	\$100 each

\*NYSCATE has the right to return any group registrations depending on space limitations. Please call 1-800-479-4830 with group rate questions. We will work to make your attendance at the conference most productive.

### Registration – 5 Ways to Register!

1. **Online:** <http://www.nyscate.org> (Credit Card Only)
2. **By Fax:** Fax your completed registration form and purchase order to 518-786-3983.
3. **By Mail:** Send your registration form with payment or purchase order to :  
NYSCATE  
8 Airport Park Boulevard  
Latham, NY 12110
4. **By Phone:** Call NYSCATE at 1-800-479-4830.
5. **On-Site:** All on-site registrations will be held at The Rochester Riverside Convention Center.  
Saturday, November 21, 2009 7:00 AM - 4:00 PM  
Sunday, November 22, 2009 7:00 AM - 4:00 PM  
Monday, November 23, 2009 7:00 AM - 4:00 PM  
Tuesday, November 24, 2009 7:30 AM -12:00 PM

### Payment

- \* By Check made payable to NYSCATE
- \* By Purchase Order made payable to NYSCATE
- \* By Visa, MasterCard, American Express

**Note: No refunds after November 5, 2009**

**Complete conference information is available at [www.nyscate.org](http://www.nyscate.org)**

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2009 ANNUAL CONFERENCE REGISTRATION FORM

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First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname to appear on Badge \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Position (Please choose one)

- Classroom Teacher
- Technology Integration Teacher
- Staff Developer
- Computer Resource Teacher
- Computer Assistant
- Director of Technology (Administrator)
- Director of Technology (Non-Administrator)
- Building Administrator
- District Administrator
- Computer Coordinator
- BOCES
- Independent Consultant
- Company Representative
- Other: \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

- I do not wish my e-mail to be shared

**Checks and Purchase Orders should be sent to:**

**NYSCATE**  
8 Airport Park Boulevard  
Latham, NY 12110

2009 ANNUAL CONFERENCE REGISTRATION FORM

**Conference Registration (Does not include hands-on sessions)**

- Full Conference- 3 Days (\$165)
- Single Day- Sunday (\$125)
- Single Day- Monday (\$125)
- Single Day- Tuesday (\$125)
- Presenter Only- 3 Days (\$125 – 1 presenter discounted per session ONLY)

**Registration Total:** \_\_\_\_\_

**Hands-On Sessions (Does not include Conference Registration)**

- |   |                |                |
|---|----------------|----------------|
| <input type="checkbox"/> Saturday Full Day- (\$125) | Choice 1 _____ | Choice 2 _____ |
| <input type="checkbox"/> Saturday AM- (\$65)        | Choice 1 _____ | Choice 2 _____ |
| <input type="checkbox"/> Saturday PM- (\$65)        | Choice 1 _____ | Choice 2 _____ |
| <input type="checkbox"/> Sunday Full Day- (\$125)   | Choice 1 _____ | Choice 2 _____ |
| <input type="checkbox"/> Sunday AM- (\$65)          | Choice 1 _____ | Choice 2 _____ |
| <input type="checkbox"/> Sunday PM- (\$65)          | Choice 1 _____ | Choice 2 _____ |

**Hands-On Total:** \_\_\_\_\_

**Meals**

- Full Meal Plan (\$150-includes Sun night banquet plus bkfst & lunch Mon and Tues)
- Monday Breakfast and Lunch ONLY (\$55)
- Tuesday Breakfast and Lunch ONLY (\$55)
- No Meal Package of any kind
- Vegetarian option
- Sunday Night Banquet (\$50)

**Meal Total:** \_\_\_\_\_

**Total** (Include Hands-On, Conference, Membership, Meals)

**Grand Total:** \_\_\_\_\_

**Payment Information**

**Credit Card :**  Visa  MC  American Express  Discover

**Check #** \_\_\_\_\_

**Purchase Order #** \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_