



## 2010 Virtual Conference Archive Order Form

### **Registration Data (\* = Required)**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*School District/Organization: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

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

\*Email address: \_\_\_\_\_  
(The confirmation notice and instructions you will receive to access the Virtual Conference site will be emailed to this address.)

### **Payment Information (\* = Required)**

Payment subtotal: \$199

Member ID No.: \_\_\_\_\_  
(Members receive a \$50 discount on Virtual Conference registration.)

\***Payment Total (check one):** \$199  \$149  Group of five (\$499)

\*Fee payable by:  Mastercard  Visa  Check  Purchase Order  
(Purchase orders must accompany this form.)

\*Card No: \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_

\*3-Digit Security Code (located on back of card): \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

\*Signature: \_\_\_\_\_

*To pay by mail, send this form to:*

2010 Virtual Conference  
504 S. Locust Street, Oxford, OH 45056

*To pay by fax, send to:*

513-523-0638

*If you have any questions, contact Tom Manning at (972) 421-0900.*

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## Order Form

### ***Registration Data***

*If you are registering five people for the Virtual Conference, please list the names and email addresses of all people who will participate.).*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_