



2011 Virtual Summer 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 Total: \$149

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

*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:
2011 Virtual Summer 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.