



NATIONAL
STAFF
DEVELOPMENT
COUNCIL

Learning Conference Essentials Order Form

Registration Data (= Required)*

*Member No.: _____

*First Name: _____ *Last Name: _____

*School District/Organization: _____

*Street Address: _____

*City: _____

*State/Province: _____ *Zip Code: _____

Phone: _____ Fax: _____

*Email address: _____
(The confirmation code needed to access Learning Conference Essentials will be emailed to this address.)

Payment Information (= Required)*

***Payment Total: \$149**

*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:

To pay by fax, send to:

Learning Conference Essentials
504 S. Locust Street, Oxford, OH 45056

513-523-0638

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