

2018 Summer Leadership Conference Registration Form

Registrations must be received by July 18, 2018

Please complete the ENTIRE registration form. All information is required to process the registration. All payment information must accompany this registration form (except as noted below).

PRINT CLEARLY

Last Name First Name Initial

Name to Appear on Name Tag Previous/Maiden Name Last 4 digits of SSN

Member Information: MEA member MEA-Retired AEM Student MEA Staff

Profession: EA Instructional EA Non-Instructional ESP Instructional ESP Non-Instructional Higher Ed

This is my first time attending Summer Leadership

School District Local/Unit

Home Address: Street City State Zip Code

Cell Phone Home Phone

Email you would like used to send registration confirmation: _____

Type of Registration and Fee

The following registrations do not require payment with registration and should be sent directly to Carolyn Cortright. These are **due by July 18, 2018**

- Local President or Designee I am participating in the LPA Program with Chandra Madafferri
 MEA Board Member—attending as my MEA Board Paid Conference

	Fee If Received by July 18	Fee For Late or On-Site
<input type="checkbox"/> MEA Member	\$200	\$350
<input type="checkbox"/> New Member/Emerging Leader **	\$110	\$210
<input type="checkbox"/> AEM Student Members	\$65	\$95

Number of Registrations included with payment: ____ of ____ Total Payment: \$ _____

PAYMENT METHOD

Check (payable to MEA) Check # _____ Received From: _____

VISA Master Card Discover American Express

Card Number Expiration Date

Print Name of Authorized Signer Authorized Signature

Mail Form and Payment to:

Carolyn Cortright
Michigan Education Association
1350 Kendale Blvd., PO Box 2573
East Lansing, MI 48826-2573

OR

Credit card registration and registrations not requiring a registration fee be paid

FAX to: 517-336-4009

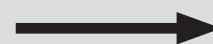
Registration Coordinator

Carolyn Cortright
800-292-1934, ext. 5491
ccortright@mea.org

Conference information at:

www.mea.org/conferences

Session and meal registration next page.



Registration Form

Please complete this page for Activities, Meals and Session Selections.

NAME: _____

SLC Session Registration:

Write in the number of the session you would like to attend in each series. (Many sessions continue for two or more time slots. Please sign up for the entire series.)

SERIES Selection	100 7/31 3:15-4:45 p.m.	200 8/1 9-10:30 a.m.	300 8/1 10:45 a.m-12:15 p.m.	400 8/1 1:30-3 p.m.	500 8/1 3:15-4:45 p.m.	600 8/2 8:30-10 a.m.	700 8/2 10:15-11:45 a.m.
1st Choice	101	201	301	401	501	602	713
2nd Choice	103	203	303	403	503	607	702
3rd Choice	109	205	304	404	502	610	708

You MUST provide 1st, 2nd and 3rd choice for each session.

SERIES Selection	100 7/31 3:15-4:45 p.m.	200 8/1 9-10:30 a.m.	300 8/1 10:45 a.m-12:15 p.m.	400 8/1 1:30-3 p.m.	500 8/1 3:15-4:45 p.m.	600 8/2 8:30-10 a.m.	700 8/2 10:15-11:45 a.m.
1st Choice							
2nd Choice							
3rd Choice							

MEALS (Mark YES or NO for each meal/activity. ALL OTHER MEALS ARE ON YOUR OWN.)

Tuesday, July 31

ESP & PAC Wine and Cheese Reception 5–6:30 p.m. YES NO

Wednesday, August 1

Breakfast 8–8:45 a.m. YES NO
Lunch 12:30–1 p.m. YES NO

Thursday, August 2

Breakfast 7:30–8:15 a.m. YES NO

Menu: All meals will offer a daily variety of vegetarian, vegan, and gluten-free options.

Meal Special Needs: If you have a special dietary need that you feel cannot be met, please indicate that so special arrangements can be made:

Please review this form for completeness prior to mailing.