



NATIONAL ASSOCIATION FOR WORKFORCE IMPROVEMENT

http://www.nawionline.org/

CTE: High Performance Education

April 21-23, 2010

Sheraton Suites Old Town Alexandria, Alexandria, VA

Conference Registration Form

Name Badge Information
(Please type or print)

Billing Information
(If using a purchase order)

Name: _____

Attn: _____

Title: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Fax #: _____

Fax #: _____

Purchase Order #: _____

E-mail: _____

(Please include copy of Purchase Order)

Registration Deadline: April 1, 2010 Registration Fee: \$325.00 (includes one-year NAWI membership)

Refund Policy: All refunds must be requested in writing and postmarked by April 9, 2010.

Make check payable to: **SACS (Southern Association of Colleges and Schools)**; Fed. ID: FEIN 580566240

Mail your payment and registration form to: Fairfax County Public Schools
Office of Career and Technical Education
Attn: Cara Kirby
3877 Fairfax Ridge Road
Fairfax, VA 22030
Phone: 703/303-2128
Cara.Kirby@fcps.edu

Will you be bringing guests? Yes ___ No ___ How many? ___

Indicate below which functions you and your guests will be attending.

Conference Activity	Participant Fee	Guest Fee	Number of Guests Attending	Amount Due
REGISTRATION	\$325.00	N/A		\$325.00
Wednesday Lunch* Yes___ No___	Included	\$35.00 per person	_____	_____
Thursday Lunch* Yes___ No___	Included	\$35.00 per person	_____	_____
Friday Breakfast* Yes___ No___	Included	\$35.00 per person	_____	_____
Business Tour	Included	\$25.00 per person	_____	_____
			(Name of guest)	_____
			Total Fees Due:	_____

*Accurate meal counts are necessary. If you plan to attend a meal, please mark numbers in the spaces above.