

Conference Registration Form

Registration Fee: \$65

Please complete the following registration form:

Name _____

Position/Title _____

School/Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

**Make checks payable to: Arkansas Department of Education
(Please send check or school district invoice)**

Please return registration form and fee by February 1, 2003 to:

*Arkansas Department of Education
Charter School Office
4 Capitol Mall, Room 404-A
Little Rock, AR 72201*

\$10.00 fee for late registration after February 1, 2003

For additional information contact:

*Mike Scoles
Arkansas Charter School Resource Center
501-450-5418
ACSRC@org.uca.edu*