

CONFERENCE REGISTRATION FORM

Celebrating Choice, Innovation	(ONE FORM P	(ONE FORM PER PARTICIPANT)		
Please complete the following	ŋ:			
Name				
Position/Title			_	
School Name				
District/Organization				
Address				
City		State	e Zip C	Code
Phone		Fax		
E-mail				
Charter School Office ADE Technology Center 8221 Ranch Boulevard Little Rock, AR 72223 Fax: (501) 371-5010 Space is limited and slots for Registration is limited to NO be no late or on-site registrate For room reservations, please or 1-800-362-2779. (Ask for the Arkansas Departite Room Rate: Single \$114	er for registrants will be MORE THAN <u>three</u> fion. ease contact Emba	reserved in the ore representatives from	der received up to 1. om each district/orgo at (501) 312-900	25. anization. There will
	Quad \$144			
For additional informati	ion please conta	ct:		Office Use Only
Dana Koite (501) 371-5005 dkoite@arkedu.k12.ar	.us			Participant Presenter Guest