



CONFERENCE REGISTRATION FORM

(ONE FORM PER PARTICIPANT)

Please complete the following:

Name _____

Position/Title _____

School Name _____

District/Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

Registration form must be received by Friday, April 1, 2005. Please mail or fax to:

Charter School Office
ADE Technology Center
8221 Ranch Boulevard
Little Rock, AR 72223
Fax: (501) 371-5010

- There is no registration fee.
- There will be **no on-site registration**.
- The Arkansas Department of Education **will pay lodging for up to 2 people** for each charter school and others interested in attending. However, this does not limit conference attendees.

I would like for the ADE to make my lodging reservations for **(only check one)**:

Indicate Type of Room/Preference

_____ Smoking
_____ Non-Smoking

- () May 4 and May 5
() May 4 only
() May 5 only
() I will not need lodging

() I will make my own reservations
(ADE Will Not Pay)

To make reservations, please call the Hilton Little Rock Metro Center at (501) 664-5020 or 1-800-445-8667. Please be sure to request the Charter School Conference Special.

For additional information please contact: Dana Koite, (501) 371-5005