

Registration/Housing Form

First Name: _____ Last Name: _____

E-Mail Address: _____

Home Mailing Address _____

City: _____ State: _____ Zip: _____ Country: _____

Daytime Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency Contact Name and Phone Number: _____, (____) _____ - _____

I am a member of NSTA. Member ID #: _____

If you are not a member of NSTA and would like to join, please visit our website at www.nsta.org

Registration Fee

I am a **2011** Academy Participant. I understand the cost for my team of (5) is \$6,000 (\$1,200 per person) which includes up to five nights lodging, June 27–July 1, 2011; as well as, continental breakfast and lunch on full program days.

I am a member of the team coming from the following school district: _____

Name of Team Coordinator: _____

Hotel Accommodations

Based on availability, the Holiday Inn will honor our contracted rate of \$139 single/double from June 27–July 1, 2011. For those of you who are planning to extend your stay at the hotel, please contact the Holiday Inn directly for rates and availability. The rate does not include the applicable state and local taxes of 15.5%. (Complimentary in-room internet is available.)

Please reserve a room for me as follows:

Single (one person/one bed), Double (two people/one bed), Double (two people/two beds)

Nonsmoking Smoking

Arrival Date: _____ Time: _____:_____ AM, PM

Departure Date: _____ Time: _____:_____ AM, PM

Special requirements: _____

Please note: NSTA will be direct billed for up to five nights of your hotel stay. **You will be responsible for any additional nights upon departure. **PLEASE** be sure to include those "additional" nights above.*

I do not require hotel accommodations.

Please note the following dietary restrictions: _____

Payment

I am paying by:

Credit Card: AMEX Discover MasterCard VISA

Card #: _____

Exp. Date: _____

Signature: _____

Check # _____
(payable to 'National Science Teachers Association' in U.S. funds)

School Purchase Order: PO No. _____
(copy attached)

Registration Fee: \$ _____

Total Due: \$ _____