

**ADMINISTRATOR'S FORUM  
Registration for Accompanying  
Teachers**

**2010 SECO Professional Development Conference 2010  
Science Education....It's a Natural!**

**ADMINISTRATOR'S FORUM – ACCOMPANYING TEACHER REGISTRATION**

**REGISTRATION FEES**

**SPECIAL EVENT TICKETS**

**FEES/DEADLINES**

**Short Courses**    1<sup>st</sup> Choice    2<sup>nd</sup> Choice    Total

SC-1 Qty \_\_\_\_ X \$10 \_\_\_\_ = \$ \_\_\_\_

**Events**

E-1 - Elementary Science Day X \$50 = \$ \_\_\_\_

**Thursday Buffet Lunch** Qty \_\_\_\_ X \$20 = \$ \_\_\_\_

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\_\_\_\_ I wish to renew my SECO Membership

\_\_\_\_ I wish to join SECO

Membership Category \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_

**(For Cost and Category – see [www.SECOonline.org](http://www.SECOonline.org))**

**MAIL TO: SECO CONFERENCE  
PO BOX 349  
SHARON CTR OH 44274-0349**

**FAX TO: 330-239-1371**

**E-MAIL TO: [SECO.cnfrnc@gmail.com](mailto:SECO.cnfrnc@gmail.com)**

For details on all aspects of the conference go to:  
**[www.SECOonline.org](http://www.SECOonline.org)**

Carefully complete all information below.  
Items marked with (\*) will be printed on your badge.  
By action of the SECO board of directors, registration is required for participation in all convention activities. The lapel badge issued to each registrant is necessary for admission to all concurrent sessions, the exhibit hall and other activities.

**PLEASE PRINT**

Teacher First Name \*                      Teacher Last Name \*

Address

City \*                      State                      Zip

County                      Member ID# (If you know it)

10 Digit Phone Number

E-mail Address

Position or Title \*

Institution \*

**REGISTRATION FEES FOR ONE DAY ONLY**

**Thursday, February 25, 2009**                      \$65

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**PAYMENT CALCULATOR**

REGISTRATION FEES                      \$ \_\_\_\_\_

SPECIAL EVENTS TOTAL                      \$ \_\_\_\_\_

**TOTAL DUE**                      \$ \_\_\_\_\_

**I AM PAYING BY:                      CHECK# \_\_\_\_\_**

Make check payable:    **SECO CONFERENCE**  
\*\*\*\*\*

VISA                      MASTERCARD                      DISCOVER

# \_\_\_\_\_

EXP. DATE \_\_\_\_\_                      CVV2# \_\_\_\_\_

**P.O. #** \_\_\_\_\_

(COPY OF P.O. MUST BE ATTACHED)

**Remember:** If for any reason your School District/Employer does not follow through with payment of P.O., **YOU** are ultimately responsible for all costs.

**Signature:** \_\_\_\_\_

Due to the reduced rate for teachers accompanying their Administrator, this registration is **NON-REFUNDABLE** and **NON-TRANSFERABLE**. Two teachers will be registered at this rate if this registration form(s) (one participant per form) is attached to the registration of the accompanying administrator. All registrations must be postmarked on or before January 15<sup>th</sup>, 2010.