

# Registration Form

August 12-14, 2010

Mail to: Satellites & Education Conference, California State University at Los Angeles  
 ATTN: Curriculum & Instruction, 5151 State University Drive, L.A., CA 90032-8142  
 or Fax to: 323-343-5458

## Registrant Information (Items with \* will appear on your name badge; please print legibly)

First Name\* \_\_\_\_\_ MI\* \_\_\_\_ Last Name\* \_\_\_\_\_

Job Position/Title\* \_\_\_\_\_

Name of Institution/Affiliation\* \_\_\_\_\_

Mailing Address \_\_\_\_\_

(We recommend using your home address.)

City\* \_\_\_\_\_ State\* \_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

- Check here if you need **SPECIAL ASSISTANCE** due to a disability. Please describe needs on extra sheet and attach.
- Teacher:  Public  Private School; Grade level \_\_\_\_\_; Discipline \_\_\_\_\_
- Pre-approved M.Y. S.P.A.C.E. Teacher:  Check here if bringing grades 7-12 students. Attach list of students' names.
- Government
- Industry
- Exhibitor — See website: <http://www.SatEd.org/RegistrationFrame.htm>

## Registration Fees

Please circle correct amounts  
 (check only those that apply)

	Early Bird by 7/10	Pre-Registration by 7/30	Registration after 7/30	Your Totals
<input type="checkbox"/> New/Renewing SEA Member (includes \$20 SEA 1-year membership)	\$85	\$95	\$110	\$ _____
<input type="checkbox"/> Continuing SEA Member	\$65	\$75	\$90	\$ _____
<input type="checkbox"/> Non-member	\$105	\$115	\$130	\$ _____
<input type="checkbox"/> Spouse with Member	\$40	\$50	\$65	\$ _____
<input type="checkbox"/> Full-time Student	\$30	\$40	\$55	\$ _____
<input type="checkbox"/> Group* rate (deduct per person) (*3 or more registrations from the same district <b>mailed together</b> )	\$10	\$10	\$10 <i>Minus</i>	\$ _____
<input type="checkbox"/> Banquet with conference	\$10	\$15	\$20	\$ _____
<input type="checkbox"/> Banquet <b>only</b> (not attending conference)	\$40	\$40	\$45	\$ _____
<input type="checkbox"/> Pre-Conference Workshop	\$90	\$90	\$90	\$ _____
			<b>Total Fees</b>	<b>\$ _____</b>

### Follow these steps to obtain a 2-day conference registration fee scholarship

(Full-time teachers only. Does not include workshops or SEA dues)

For information on help with substitute teacher expense, contact conference coordinator,  
 Dr. Paula Arvedson, directly at [parveds@calstatela.edu](mailto:parveds@calstatela.edu) or 323-343-6162

Mail or fax completed Registration Form (indicating where you teach) and a \$45 deposit to reserve your place.  
 Attend the conference **both** Friday and Saturday, obtaining stamps on the Attendance Card from each session attended.  
 (Must attend all day both days to be eligible for scholarship.)

Turn in Attendance Card at the end of the Closing Session or mail it to CSULA postmarked no later than August 20, 2007.  
 You will receive a \$15 refund of your registration fee deposit if you have attended all day both days.

### Payment

Payment may be made by check, purchase order, Visa or MasterCard. Please complete information that applies.

- Check enclosed    Check # \_\_\_\_\_ Date \_\_\_\_\_    Amount \$ \_\_\_\_\_
- Purchase Order enclosed    PO# \_\_\_\_\_ Date \_\_\_\_\_    Amount \$ \_\_\_\_\_  
 District or school \_\_\_\_\_
- Charge my  Visa  MasterCard Account # \_\_\_\_\_  
 Signature \_\_\_\_\_ Exp Date \_\_\_\_\_