



the conference for community arts education

OCTOBER 29 - NOVEMBER 1, 2008 - PHILADELPHIA, PA - WWW.COMMUNITYARTSED.ORG

1. REGISTRANT INFORMATION

Complete one form per attendee.

Prefix First Name Last Name

Name as you would like it to appear on your badge

Title

Organization

Mailing Address

City State Zip

Work Phone

Cell Phone

Email

Website

Please list above any special needs you have (e.g. diet, disability)

Are you interested in receiving a list of those seeking a roommate? **Y/N**
Roommate requests are gladly accepted, however, the Guild does not guarantee a match; you are responsible for contacting others on the list.

I am a / an (check all that apply):

- 1st Time Delegate Fundraising Staff Member
 Executive / School Director Board Member
 Program Staff Member Teaching Artist / Faculty Member
 Marketing Staff Member

2. REGISTRATION FEES & DEADLINES

Circle your selection/s below.

	Member Discount Rates <i>(Full & Education Affiliates Only)</i>			General Rates		
	Early 7/31	Regular 9/30	Late 11/1	Early 7/31	Regular 9/30	Late 11/1
Partnership Institute (Oct 29)	\$145	\$160	\$175	\$170	\$185	\$200
Evaluation Institute (Oct 29)	\$145	\$160	\$175	\$170	\$185	\$200
Teaching Artist Institute (Oct 29)	\$75	\$75	\$85	\$75	\$75	\$85
Full Conference* (Oct 30 - Nov 1)	\$370	\$390	\$410	\$470	\$490	\$510
Single Day Conference	\$145	\$160	\$175	\$170	\$185	\$195
Select Day/s Attending	<input type="checkbox"/> Thursday 10/30 <input type="checkbox"/> Friday 10/31 <input type="checkbox"/> Saturday 11/1					

*Full Conference Discounts available for 3rd or higher registrant from a Full or Education Affiliate Member.

Conference Registration Total: _____

3. SPECIAL EVENT REGISTRATION

Events fill up quickly; reserve your place by circling your selection/s below. Items are complimentary unless otherwise noted.

	You		# / Guest(s)	\$ Total
Topic Table Luncheon (10/30)	\$10	+	___ @ \$35	=
Opening Night Reception (10/30)	\$0		\$0	---
Taste of Philadelphia Dinner (10/30)	Out of Pocket	+	Out of Pocket	=
Annual Meeting Breakfast (10/31)	\$0	+	___ @ \$25	=
Chapter Luncheon (10/31)	\$0	+	___ @ \$25	=
Tour of Local Schools (11/1)				
Select Only One {	Tour A: Visual Arts	\$10	+	___ @ \$20 =
	Tour B: Dance	\$10	+	___ @ \$20 =
	Tour C: Music/Multidisciplinary	\$10	+	___ @ \$20 =
	Tour D: Theater	\$10	+	___ @ \$20 =
Awards Luncheon (11/1)	\$0	+	___ @ \$45	=
Closing Night Reception (11/1)	\$0	+	___ @ \$25	=

Special Events Total: _____

REGISTRATION QUESTIONS?

Contact Claire Wilmoth, Administrative Coordinator
 212.268.3337 ext. 14
 claire@nationalguild.org

CANCELLATION POLICY

Cancellations received on or before 9/30/08 will be refunded less a \$50.00 cancellation fee. No refunds will be made after 9/30/08.

RETURN FORM WITH PAYMENT TO:

National Guild of Community Schools of the Arts
 520 8th Avenue, Suite 302
 New York, NY 10018
 Fax: 212.268.3995

PAYMENT & DISCOUNTS

Registration is considered complete only after full payment is received. All funds payable in US dollars.

Conference Registration (<i>Section 2</i>) Total:	_____
50% Discount off Full (3-day) registration fee for 1 st representative of a Full Member that joined in 2008:	- _____
\$30 Discount off Full (3-day) registration fee per 3 rd or higher representative of a Full or Education Affiliate Member:	- _____
Special Events (<i>Section 3</i>) Total:	+ _____
Tax-Deductible Contribution to Conference Scholarship Fund:	+ _____

- Check enclosed payable to National Guild
 AmEx Visa MC Discover

PAYMENT TOTAL: _____

Card Number Security Code Expiration Date

Cardholder Name Cardholder Signature