ON-SITE REGISTRATION

NAME	TITLE	
SCHOOL DISTRICT/ORGANIZATION		
ADDRESS_		
CITY	STATE	ZIP
PH#:	E-MAIL:	
<u>Please Select Registration Option:</u> Institute Tuition	<u>Member</u> \$649.00	<u>Non-Member</u> \$749.00
Retired Life Member Registration Tuition	\$324.50	N/A
New Superintendents Institute	\$129.00	\$159.00
Early Career Superintendents Institute	\$109.00	\$139.00
Cabinet Member Institute TOTAL:	\$89.00	\$129.00
PAYMENT: Check or Money Order (Payable to LEAF, In Check #	nc.) \square Send In	nvoice
□ Please charge my credit card (fill in informati	ion below)	
Account # □ Visa □ MasterCard	Exp. Date	
Cardholder's Name (Please Print)		
Signature:		
☐ Please invoice the district in the amount I authorize THE COUNCIL & LEAF, INC. to bill the sol that I am responsible for the balance owed if the sol	nool district for the above con	ference tuition fee and understand
X		
Signature	Date	

Processed:___