

Conference Registration Form

Name _____ School _____ Position _____

Phone _____

Member? Yes No *if no please fill out membership application

___ \$20 member ___ \$45 nonmember ___ \$30 late registration fee

(Checks payable to NAHPERD)

Special Dietary Needs: _____

Registration 7:30–8:00

Conference Begins at 8:00

Mail Registration to:

Elizabeth Savolt
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Reno NV 89512
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Pre-Registration Due by Saturday September 11, 2010