



## CASL Conference Registration Form

### 2010 Fall Conference: Transliteracy in a Mobile World Crowne Plaza, Cromwell, November 7-8

**Registration Directions:**

Registration deadlines are September 25, 2010 for Early Bird rates and October 31, 2010 for Advanced Registration rates. Complete and return this registration form with payment to:

CASL  
c/o Anne Weimann  
25 Elmwood Avenue  
Trumbull, Ct 06611-3594

First and Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

EIN Number: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

School/Organization Name: \_\_\_\_\_

School/Organization Street Address: \_\_\_\_\_

Town or City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ( cell  home  school)

District Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please identify your other professional memberships:  NESLA  AASL  CECA  CLA

Are you willing to share your expertise as a mentor?  Yes  No

Are you looking for a mentor?  Yes  No

Lunch Selection:  Italian Herb Chicken  Grilled Atlantic Salmon  Grilled Vegetable Platter

Special Dietary Needs? \_\_\_\_\_

I will require Americans with Disabilities Act special assistance on site. Comments: \_\_\_\_\_

---

**Summary of Fees:**

Pre-Conference (Sunday only): \_\_\_\_\_

Conference (Monday only): \_\_\_\_\_

Combination (both days): \_\_\_\_\_

One Book, One Conference  
Breakfast: \_\_\_\_\_

Dues (if you haven't renewed yet): \_\_\_\_\_

**Total:** \_\_\_\_\_

**Method of Payment:**

Check Enclosed (Make payable to **CASL**)

Purchase Order Number: \_\_\_\_\_



***Thank you for registering!***