

CASL Conference Registration

Preferred e-mail

Preferred phone

Last name

First name

School/Org name

School/Org street

School/Org town or city

School /Org state

School/Org zip

Home street

Home town or city

Home state

Home zip code

Position

School Type (Circle one) Public Private

Grade level (Circle one) K-12 K-8 K-5 K-6 6-8 Other _____

Library type (Circle one) School Public Academic Special

Circle your other professional memberships NESLA AASL CECA CLA

Are you willing to share your expertise as a mentor? (Circle your answer) Yes No

Are you looking for a mentor? (Circle your answer) Yes No

Lunch Selection (Circle one) Turkey Breast Roast Beef Grilled Veggie

Comment if you require ASL Interpreter or other special need

Last 4 digits of SSN for CEUs for Administrator's Breakfast and/or Pre Conference

Total payment (example 240)

Does your payment include Pre-conference? (Circle one) Yes No

Does your payment include Administrator's Breakfast? (Circle one) Yes No

Does your payment include membership dues? (Circle one) Yes No

Check number _____

Purchase order number _____

Date paid _____