



**Wisconsin Association for Middle Level Education, Inc.**

26<sup>th</sup> Annual Conference ♦ Chula Vista Resort, Wisconsin Dells ♦ October 8–9, 2009

**Individual Registration**

Early bird Registration Deadline: September 30, 2009

One registration per form. Duplicate as necessary. Print clearly and keep a copy for your records.

Last Name \_\_\_\_\_

Confirmation will be sent via your e-mail address

First Name \_\_\_\_\_

School District \_\_\_\_\_

Telephone work (\_\_\_\_) \_\_\_\_\_

School Name \_\_\_\_\_

home (\_\_\_\_) \_\_\_\_\_

School Address \_\_\_\_\_

fax (\_\_\_\_) \_\_\_\_\_

School City/State/Zip \_\_\_\_\_

♦Paid registration for the Friday conference includes one year complimentary membership.

\_\_\_ Check here if you **do not** wish to receive member benefits.

♦Discounts do not apply to undergraduate students, retirees, or parents due to the reduced registration fee (see area on chart).

♦All registrations must be received in one envelope to qualify for a discount.

♦Lunch is included in all registration options.

♦All cancellations are subject to a \$25 processing fee.

♦No reimbursements made after September 30, 2009.

♦Photos taken at the conference become the property of WAMLE, Inc. for future advertising.

Registration	Early Bird Postmarked before 9/30/09	Regular On- site or post- marked after 9/30/09	Enter Amount
<b>Two</b> Thursday Learning Labs Check Morning Session __1__2__3__4 Check Afternoon Session __5__6__7__8	\$135	\$175	
<b>One</b> Thursday Learning Lab Check Morning Session __1__2__3__4 OR Check Afternoon Session __5__6__7__8	\$70	\$110	
Friday Conference	\$135	\$175	
Friday Conference Undergraduate, retiree, parent	\$25	\$45	
Group discount 7 - 15	- \$5		
Group discount 16+	- \$10		
Total Amount Due			
___ Receipt needed			

\_\_\_ Please indicate if you have dietary concerns related to attending this conference. It is necessary that we be notified **two weeks prior** to the conference date. Specify concern \_\_\_\_\_

Make check payable to **WAMLE** and send with this form.

No reimbursements made after September 30, 2009.

WAMLE Conference / Mike Scoville

Payment type:

Gibraltar Middle School

\_\_\_ Purchase order # \_\_\_\_\_

3924 Hwy. 42

Fish Creek, WI 54212

Check Number: \_\_\_\_\_

E-mail: mscovil1@gibraltar.k12.wi.us

Phone: (920) 868-3284 ext. 235 Fax: (920) 868-2714

\_\_\_ School check \_\_\_ Personal check