

Conference Dates are July 14-16, 2009

Rooms are based on a double, triple and quad occupancy. **For single room request, a check should be sent to AEA in advance for total room cost for one night.** Please indicate roommate preference, otherwise, one will be assigned. Please note any physical or other health limitations. Program materials will be sent directly to persons who are registered. REGISTRATION FEE MUST ACCOMPANY THIS FORM.

This Form Should be Returned No Later Than June 12, 2009

SUMMER LEADERS WORK CONFERENCE

Arkansas Education Association

1500 West 4th Street, Little Rock, AR 72201-1064

CONFERENCE REGISTRATION FOR _____

(Please note the local association office held and indicate roommate preference for each attendee.) (LOCAL)

1. Name (Mr.) _____ Phone _____
(Ms.) _____

Address _____ City _____ Zip _____

Local Office/Position: _____ Email Address _____

Roommate preference _____ Smoking Non-smoking

2. Name (Mr.) _____ Phone _____
(Ms.) _____

Address _____ City _____ Zip _____

Local Office/Position: _____ Email Address _____

Roommate preference _____ Smoking Non-smoking

3. Name (Mr.) _____ Phone _____
(Ms.) _____

Address _____ City _____ Zip _____

Local Office/Position: _____ Email Address _____

Roommate preference _____ Smoking Non-smoking

4. Name (Mr.) _____ Phone _____
(Ms.) _____

Address _____ City _____ Zip _____

Local Office/Position: _____ Email Address _____

Roommate preference _____ Smoking Non-smoking

5. Name (Mr.) _____ Phone _____
(Ms.) _____

Address _____ City _____ Zip _____

Local Office/Position: _____ Email Address _____

Roommate preference _____ Smoking Non-smoking

List additional attendees on back or make additional copies of this form.

REMEMBER: \$25.00 registration fee (for each participant) **MUST ACCOMPANY** this form.