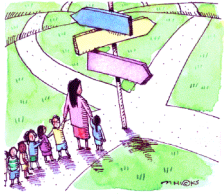
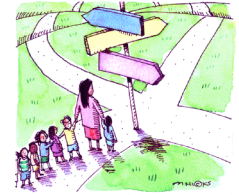


MNCEC Special Education Conference
2010: What have we learned and where we are going



Registration Form for Groups



Use your TAB key to navigate through the fields or click on a field to enter information.

Primary Contact _____ Job Title _____

Organization / School District / Business _____

Address Used for Billing _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

E-mail address is required for conference registration confirmation. An email confirmation of this registration will be sent to the primary contact person only. It is the responsibility of the primary contact to notify the members in the group that the registration is complete. Your registration will not be processed if a payment option is not selected. Please refer to the information brochure for cancellation and substitution policies.

Check this box if you do not want to receive information from MNCEC in the future.

Special Needs (accessibility, dietary, interpreter) _____

Conference Rate for members: \$195.00 **Rate for non-members: \$225.00**

Registration fees include the two-day conference, continental breakfasts, lunch, refreshments, and presenter materials for the sessions selected. Additional meals and overnight accommodations are not included in the prices above. **Call Breezy Point Resort to book your sleeping rooms 800-432-3777.**

_____ Total number of members registering @ \$195.00

_____ Total number of non-members registering @ \$225.00

Total Amount Due \$ _____

Select your payment option. All checks should be made payable to MNCEC

_____ Purchase Order (enter number _____)

_____ District or Personal Check (enter check number _____)

_____ VISA / MC (enter number _____) (exp. ____ / ____)

You may also pay with your credit card using our secure website at www.eventsbyquest.com



List all attendees – Include the primary contact if he/she is attending:

Attendee Name	Job Title	Member or Non-Member (pull-down choice for each)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____

TO COMPLETE YOUR REGISTRATION:

Use the "Save As" feature in your file menu to save the document with your information entered. Send as an attachment by email to: info@questeducational.com. Checks should be mailed to: MNCEC Conference, C/O Quest Educational Services, P.O. Box 83, Hastings, MN 55033.

If you have not received a confirmation within 72 hours of e-mailing this form please call 651-438-2644