



2009 National Reading Recovery & K-6 Classroom Literacy Conference approval form

DO NOT MAIL THIS FORM – REGISTRATION IS ONLINE ONLY

Please use this form for payment approval purposes and online registration.
Register at: www.rrcna.org/conferences

NEW! Registration is online only. Payment is accepted online by credit card, purchase order, or check. Note: If payment type is with a purchase order or by check, payment must be received (by mail, fax) in the registration office within 10 days after you register online. **Your registration will not be processed until your purchase order or check has been received.** Credit card payments are confirmed immediately after payment has been processed. **Mail or fax purchase order or mail check to:** RRCNA National Conference, 400 W. Wilson Bridge Rd., Suite 250, Worthington, OH 43085 OR fax to 614-985-3736. Fed ID #31-1429018.

For registration questions, such as where to mail your conference fees, invoice or payment information, or to make a change to an existing registration, please call (866) 458-8521 or email conference@dpmanagement.net. For program related questions, email conferenceinfo@readingrecovery.org.

NATIONAL READING RECOVERY & K - 6 CLASSROOM LITERACY CONFERENCE FEES

Saturday, February 7: Preconference Institutes and Sunday, Feb. 8 - Tuesday, Feb. 10: Full Conference

Full registration includes admission to the Conference and all general and concurrent sessions held February 8-10. Preconference Institutes are held on February 7 and are **not** included in the Full Conference registration fee. Note: Some Preconference and Featured Speaker sessions are restricted to Reading Recovery trained professionals only.

SATURDAY PRECONFERENCE INSTITUTE FEES (includes lunch)

Saturday, February 7, 2009, 9:00 am – 3:30 pm

	RRCNA Member Rate	Non-Member Rate
Early Registration: If submitted BY DECEMBER 1, 2008:	\$175	\$225
Regular Registration: If submitted after December 1, 2008:	\$210	\$260

Space is limited for the Preconference Institutes.

CONFERENCE REGISTRATION FEES - PLEASE INDICATE YOUR CHOICE

Sunday, February 8 – Tuesday, February 10, 2009

Early registration applies only to forms submitted **BY DECEMBER 1, 2008**

	Early Rate	Regular Rate
Full Conference	\$370	\$420
Sunday Only	\$265	\$320
Sunday/Monday	\$325	\$375
Monday/Tuesday	\$325	\$375
School Administrators Institute	\$265	\$320

SUBTRACT \$50 if you are a RRCNA MEMBER

RRCNA MEMBERSHIP FEES \$60 to join or renew
\$40 in-training or retired members

TOTAL \$ _____

CANCELLATIONS AND REFUNDS

Refunds will be given if written notice is postmarked by December 15, 2008. There will be a \$50.00 accounting charge for all refunds. Please note that submission of this registration form is a commitment to pay if the Conference is held, regardless of weather conditions. No-shows will be invoiced and subject to collections for the full amount. Unpaid registrations (including no-shows) will necessitate barring registration for future Reading Recovery Conferences, Academies, and Institutes sponsored by RRCNA. **Refunds will not be given after December 15, 2008. You may transfer your registration to another person if you notify the Registration Office at 866-458-8521 or 614-985-3648 or by email to conference@dpmanagement.net.**

Payment Information

Billed purchase order: If you are paying by purchase order, in order to obtain the early rate we must receive your employer's purchase order by Dec. 1, 2008. After your employer's purchase order has been received by the RRCNA registration office, an invoice will be sent. Upon receipt of this invoice, your employer must issue a payment for your registration. Please note: if you use a school purchase order (payable to RRCNA), you must comply with RRCNA payment terms. **Mail purchase order or check to:** RRCNA National Conference, 400 W. Wilson Bridge Rd., Suite 250, Worthington, OH 43085 OR fax purchase order to 614-985-3736.



Reading Recovery® Council

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Register at: www.rrcna.org/conferences

WHEN YOU COMPLETE YOUR REGISTRATION ONLINE, THIS IS THE INFORMATION YOU WILL NEED:

If you are an RRCNA Member, please enter your membership #: _____

go to: www.rrcna.org to look up your membership number.

Name (First, MI, Last) _____ First Name (for badge) _____

This is my first conference

Organization _____ Preferred mailing address _____
Work phone () _____ Home phone () _____ Email: _____

Secondary Email Address: _____

* Your **confirmation email will be sent by conference@dpmanagement.net**. Please be sure to allow notices from this email address to pass through your SPAM blocking system.

I am a:

RR/DLL Teacher	K-2 Classroom/Title I Teacher	
RR/DLL Teacher Leader	3-6 Classroom/Title I Teacher	Curriculum Specialist
RR/DLL Trainer	Literacy Coach/Coordinator	School Administrator _____
RR Professional-In-Training	Superintendent	Other _____
RR Site Coordinator	Principal	

SCHOOL ADMINISTRATORS AND RR SITE COORDINATORS PLEASE COMPLETE

___ I will attend the Administrator Luncheon on Monday
___ I will attend the Site Coordinators Luncheon on Sunday

Conference package:

___ Full Conference (Sun – Tues)	___ Sunday/Monday	___ School Administrators Institute (Monday Only)
___ Sunday Only	___ Monday/Tuesday	

Please indicate a session selection for each timeslot that **you will be in attendance**. Session choices per timeframe can be found on our website at: www.rrcna.org/conferences.

_____ Saturday, February 7 All Day Preconference Institute (**extra fees apply**)
 _____ Sunday, February 8, 1:30pm
 _____ Sunday, February 8, 3:30 pm
 _____ Monday, February 9, 8:30 am
 _____ Monday, February 9, 1:00 pm
 _____ Monday, February 9, 3:00 pm
 _____ Tuesday, February 10, 10:30 am

Special needs:

Vegetarian meals Medical dietary restrictions _____ Special physical requirements _____

Amount of payment \$ _____ (U.S.) **Make checks and POs payable to RRCNA.**

INFORMATION NEEDED FOR PAYMENT BY PURCHASE ORDER:

PO number _____

Responsible for payment	ORGANIZATION	CONTACT PERSON	E-MAIL ADDRESS
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Billing address	ADDRESS	CITY	STATE ZIP	PHONE NUMBER
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Credit Card: Visa MasterCard American Express Discover Card
Expiration date _____ Account number _____

Cardholder's billing address	ADDRESS	CITY	STATE	ZIP
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Cardholder's name _____

Mail payment to: RRCNA National Conference, 400 W. Wilson Bridge Rd., Suite 250, Worthington, OH 43085; or **fax purchase order to:** 614-985-3736. Mailed or faxed registrations will not be processed.