



2017 INPEA Administrators' Conference
 September 25th-26th, 2017 • Renaissance Indianapolis North

REGISTRATION FORM

Registration Form Sponsored By:



SCHOLARSHIPS FOR EDUCATION CHOICE

at SAGAMORE INSTITUTE

INSTRUCTIONS

1. Return completed form to INPEA, 1400 N. Meridian St., Indianapolis, IN 46202
2. Send one form per participant.
3. Enclose a check payable to **INPEA**, complete credit card information, or request an invoice.
4. Questions: Call 317-236-7329 or email bbetton@inpea.org.
5. Visit www.inpea.org for additional conference information.

NAME _____

POSITION _____

SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

REGISTRATION OPTION SELECTED

- Full Conference **\$325 per person**
 For the first 2 registrants (1st-2nd) from the same school
 Includes Early Learning Pre-conference, Monday afternoon, dinner, & Tuesday
- One Day Only (either Monday -includes dinner and pre-conference, or Tuesday)
\$250 per person
- Early Learning Pre-conference Only **\$75 per person**

GROUP DISCOUNT

Bring Your Leadership Team!

- Full Conference **\$275 per person**
 For the next additional registrants from the same school (3rd plus)
 Includes Monday, Pre-Conference, dinner & Tuesday

Attending Monday dinner? _____

Any dietary restrictions, please contact Belinda at bbetton@inpea.org

Registration Amount Due: \$ _____

REGISTRATION PAYMENT

- Check payable to INPEA
- Send me an invoice
- Credit Card

Credit Card Number _____

Exp. Date ____/____ CSC _____

Print name on credit card _____

Signature _____

(Authorizing INPEA to charge account)

- Check here if billing address is different from address listed above.

Street Address _____

City _____ State _____ Zip _____