

PRE-REGISTRATION FORM

(Please read and print clearly.)

Last Names			First Name			
Mailing Address: _						
City: State			e/Country :		Zip Code	
Phone: Home/Cell		Work	Work E-mail			
Fax:		Type of instit	tution in which you work:	Public	Private	
Level:ElementarySeconda AdministrationOther (p			aryHigher Education lease specify)		Mailing address: PRTESOL Southern Chapter 96 SOL St. Ponce, PR 00730-3669	
Conference Fees						
	Check the	appropriate option.	Early- bird Rate (until Feb. 28, 2012)		Registration ONLY) **	
	Non-Men		\$20	\$	525	
	Member		\$10	\$15		
	*Student member		\$5	\$10		
	*Student non-member		\$10	\$15		
*Please note: Rate If you are a PRT ID NUMBER: If you are joini money order fo AMOUNT.	ESOL membe ESOL membe ng or renewin or that amoun	-time students only (n r, indicate the expira ng, fill out a membe it (payable to PRT)	teed to participants who ine credits or more) with a c ation date of your members ership form and attach it ESOL). DO NOT INCLU Prepare your checks or mo	opy of class j ship/_ t to this for UDE MEM	program. / m with a sep BERSHIP F	earate check or EE TO THIS
TOTAL AMOUNT	INCLUDED					
□ Money Orde	er	□Check Number:	:Bank:			

 FOR OFFICE USE

 Date Received ______
 Amount \$_____

 Received by:

PRTESOL cannot honor requests for refunds during the event. All checks issued returned to PRTESOL due to lack of funds are subject to an additional penalty fee.