



## Form & Instructions for Large Group Registrations *(Please Review Carefully)*

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- Please Review the Policies in next column.
- **One payment** should be sent for the total of all fees for the group.
- Please complete the Main Contact Information portion. The main contact will be responsible for collecting payments. Also, all of the badges (and tickets, if any are purchased) will be sent to the main contact to distribute.
- For each individual building represented, complete the Building/School Address and then list the names associated with that building below the building information section. For instance, if you have 5 different locations represented, complete 5 separate forms.
- List the first & last names for each attendee.
- List the current membership number for each individual. To receive the member price, each person in the group must be covered by a membership or the group must register as non-members.
- List the email address for each attendee.
- If a ticketed option(s) is being purchased, please use the option code(s), or if there is no code, write the option name(s) in the **TICKETED OPTIONS** column.  
*(For complete list of Ticketed Options and Codes, go to [www.nmsa.org/annual](http://www.nmsa.org/annual))*
- Total the dollar amount of the tickets being purchased by that registrant and input that amount in the column provided.
- Check the title for each attendee — check only one title.
- If a credit card is being used, the completed spreadsheet can be E-mailed to: [ac@nmsa.org](mailto:ac@nmsa.org), faxed to 614-895-4750, or mailed to NMSA.
- If a check is being sent, please mail the check and completed forms to NMSA at the address provided below.
- If a Purchase Order is being used, mail a valid, hard copy purchase order with the completed forms to address provided below.

Mail to: National Middle School Association  
4151 Executive Pkwy, Suite 300  
Westerville, OH 43081  
or fax to 614-895-4750

### **POLICIES**

- If any names are unknown, enter those as **TBD** (To Be Determined)
- All registrations and complete payment must be received together with one payment.
- Payment may be made by check, money order, VISA, MasterCard, American Express, Discover, or purchase order *(a valid hard copy of the P.O. must accompany these forms)*.
- Registration is per person per conference — registration cannot be shared.
- No add-ons to large groups.
- Large group registration is not available onsite.
- No **cancellations** will be accepted for anyone registered as part of a large group, but substitutions may be made in writing by September 30, 2009. Substitutions may be made only if the original registrant cannot attend any part of the conference.
- If there are any **substitutions** after September 30, 2009, those substitutions may be made onsite. The substitute must bring the badge/tickets mailed to the original registrant and those will be “traded” at the Attendee Registration Desk for a new set with the substitute’s name. (This includes any **TBDs** that have not been replaced with an actual name.)
- If a registrant cannot attend, a substitution can be made only if the original payment does not change and the substitute has the same membership status.
- All ticketed options, and any membership, will be transferred to the substitute. (No refunds on ticketed options.)
- No refunds will be processed for cancelled group registrants.
- **Please call 800-528-6672 for more information.**

***For more information, please see the policies and procedures for the Annual Conference at [www.nmsa.org/annual](http://www.nmsa.org/annual)***



National Middle School Association's

# Registration for Large Groups Over 20 *(Not for use for teams or individuals)*

NMSA 4151 Executive Parkway, Suite 300 • Westerville, OH 43081 • Fax: 614-895-4750

*Please be sure you have reviewed the written instructions prior to entering information.*

MAIN CONTACT INFORMATION <i>(Required Information) (does not need to be a registrant)</i>	
First Name: _____	
Last Name: _____	
E-mail Address: _____	
School/Organization: _____	
Organization's Address: _____	
Address 2: _____	
City: _____ State: _____ Zip/Postal Code: _____	
Country (if not U.S.): _____	
Work Phone #: (        ) _____ Work Fax #: (        ) _____	
Total # Registered for ALL Building/Schools: _____	TOTAL AMOUNT DUE \$ _____
<i>Please complete the Credit Card Information if registration fees are being charged to a credit card.</i>	
Credit Card #: _____ Expiration Date: _____ (mm/yy)	
Name on the Card: _____ CSV #: _____	
Authorized Signature: _____	

Source Code: \_\_\_\_\_

GROUP REGISTRATION RATE	
<i>To receive the member price—each individual must be covered by a membership.</i>	
<i>(check one)</i>	<b>member      non-member</b>
20 + .....	<input type="checkbox"/> \$199 <sub>each</sub> <input type="checkbox"/> \$249 <sub>each</sub>
TICKETED OPTIONS	
All Day Conference Workshop .....	<b>\$70<sub>each</sub></b>
Half Day Conference Workshop .....	<b>\$35<sub>each</sub></b>
Action Labs .....	<b>\$65<sub>each</sub></b>
School Visits .....	<b>\$50<sub>each</sub></b>
Principals' Luncheon .....	<b>\$50<sub>each</sub></b>
Teachers' Luncheon .....	<b>\$50<sub>each</sub></b>
<b>See <a href="http://www.nmsa.org/annual">www.nmsa.org/annual</a> for codes and descriptions.</b>	
<b>If your group is interested in purchasing Ticketed Options, please list the code (or name if no code) in the ticket sales column and fill in the total dollar amount of tickets purchased. Tickets may be purchased onsite only if that option is not sold out.</b>	

**Building/School Address for Names Listed Below** *(Complete one for each different building)*

School/Organization: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country (if not U.S.): \_\_\_\_\_

Building Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Building Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_

**Total # Registered from THIS Building:**

						Title <i>(Check only one with "X")</i>													
Membership #	First Name	Last Name	E-mail Address	Ticketed Option(s) <small>(List Code # or Name, if no code)</small>	Total Ticket(s) \$	PRINCIPAL	ASSIST. PRINCIPAL	CENTRAL OFFICE	UNIVERSITY PROF.	UNIVERSITY ADMIN.	TEACHER	GUIDANCE	CURRICULUM	TECHNOLOGY	LIBRARY STAFF	STATE DEPT. OF ED.	SUPERINTENDENT/ASST.	OTHER	
						1													
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
<b>TOTAL FOR TICKETS</b>																			
<b>TOTAL REGISTRATION</b>																			
<b>AMOUNT DUE</b>																			

OR continue on 2nd page

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