



National Alliance for Public Charter Schools presents

20th Annual National Charter Schools Conference

June 21–24, 2020 • Orlando, Florida

Name: _____

School/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-mail: _____

For Group Registrations, 4 or more people from the same organization:

Group Contact Name: _____

Group Contact Organization: _____

Group Contact Email: _____ Phone: _____

JOB TITLE:

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Facilities Manager | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Alumni/Student | <input type="checkbox"/> Funder/ Foundation Staff | <input type="checkbox"/> School Leader (Principal, Dean, Director) |
| <input type="checkbox"/> Authorizer | <input type="checkbox"/> IT/Technology | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Lawyer | <input type="checkbox"/> State Association Staff |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Legislator/Staff | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> CFO/Business Manager | <input type="checkbox"/> Media | <input type="checkbox"/> Vice Principal/Academic Director |
| <input type="checkbox"/> Curriculum Specialist | <input type="checkbox"/> Parent | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> EMO/CMO Staff | <input type="checkbox"/> Policy Advocate | |

PLEASE SELECT THE CATEGORY THAT BEST DESCRIBES YOU (or your organization, in case of a group):

- | | | |
|--|--|--|
| <input type="checkbox"/> Charter School Leadership | <input type="checkbox"/> CSO Leaders & Staff | <input type="checkbox"/> Non-profits, Government organizations |
| <input type="checkbox"/> Teacher Leaders | <input type="checkbox"/> Business | |

PLEASE SELECT THE CONFERENCE STRAND WITH WHICH YOU MOST IDENTIFY:

- | | | |
|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Educate | <input type="checkbox"/> Operate |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Govern | |

HOW DID YOU HEAR ABOUT THE CONFERENCE?

- | | | |
|---|---|--|
| <input type="checkbox"/> State Association | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Social media (facebook, twitter, etc.) |
| <input type="checkbox"/> Link from another site | <input type="checkbox"/> Online advertisement | <input type="checkbox"/> Information mailed to your school/workplace |
| <input type="checkbox"/> email from session presenter | <input type="checkbox"/> Other: _____ | |

GENDER

- | | | |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to answer |
|-------------------------------|---------------------------------|---|

AGE

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 25-35 | <input type="checkbox"/> 56-66 | |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66+ | |

I HAVE A DIETARY RESTRICTION (check all that apply)

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Other: _____
(Please specify) |
|-------------------------------------|--------------------------------------|---|

ETHNICITY

- Caucasian Asian Other: _____
 Hispanic Pacific Islander Prefer not to answer
 Black American Indian

ADA NEEDS

- Please contact me regarding my Americans with Disabilities Act needs.

REGISTRATION INFORMATION

Mailing List

A limited number of our sponsors will send out one email OR one hard copy mailing prior to the conference as well as one email OR hard copy mailing after the conference. These organizations are vital to the support of the conference and they are the critical element that allow us to keep our registration costs down. However, if you wish to opt out of receiving this information, please check the box below.

- I wish to receive information from conference sponsors and exhibitors.
 I wish to opt out of receiving information from conference sponsors and exhibitors.

REGISTRATION OPTIONS

Please circle the most appropriate price.	Early through Feb. 24	Advance through May 4	Regular after May 4
Charter School Leadership School Leaders, Administrators, Board Members, College Councilors, etc.	\$450	\$525	\$600
Business	\$750	\$825	\$900
CSO Leaders and Staff	\$475	\$550	\$625
Non Profit, Government organizations	\$550	\$625	\$700
Teacher Leaders Lead Teachers, Team Leads, Aspiring Leaders	\$375	\$450	\$550
One Day Pass	\$450	\$525	\$600

Guest Registration

You may register one guest per registration (\$275 charge). This includes admission to all general sessions, the exhibit hall on June 22 & June 23, the June 21 Welcome Reception and lunch on June 22 & June 23. Admission to breakout sessions is not included with a guest registration.

Please indicate the first name and last name of your guest.

First Name: _____ Last Name: _____

Continuing Education Units • Awarded by the NAPCS

- YES, I want to register for participation in the CEU program. The fee for obtaining the certificate is \$45.

Please check your email as registration information will be sent to you via email.

REGISTRATION FEES: \$ _____

PAYMENT OPTIONS

TOTAL REGISTRATION FEES:

\$ _____

CREDIT CARD: Registrations with credit card payment accepted only online (do not complete this form).

Mastercard, Visa, AMEX accepted

CHECK NUMBER: _____

Make checks payable to: National Alliance for Public Charter Schools

Mail check to: 2020 National Charter Schools Conference
1277 University of Oregon
Eugene, OR 97403-1277

PURCHASE ORDER:

PO Number: _____

Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

SEND YOUR REGISTRATION BY FAX OR MAIL. . .

Fax: 541.346.3545

Mail: 2020 National Charter Schools Conference
1277 University of Oregon
Eugene, OR 97403-1277

QUESTIONS?

Call 541.346.3537 or 800.280.6218

E-mail: natlcharterconf@uoregon.edu

CANCELLATION & REFUND POLICY

Conference cancellation requests must be received in writing. Cancellations received by December 31, 2019 will be subject to a 20% cancellation fee. Cancellations received January 1, 2020 through March 31, 2020 will be subject to a 50% cancellation fee. Cancellations received April 1, 2020 through June 1, 2020 will be subject to an 80% cancellation fee. (Email to natlcharterconf@uoregon.edu or fax to 541.346.3545). No refunds will be given after June 1, 2020.