

# Gifted and Talented Conference Registration Form

June 14 – 18, 2004  
Eccles Conference Center

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address (Home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ Email: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO RECEIVE UNIVERSITY CREDIT:**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Marital Status:  Single  Married Have you attended USU before?  Yes  No Year(s) \_\_\_\_\_

U.S. Citizen:  Yes (If yes, complete Race/Ethnic Status below)  No (Non-Resident Alien)

Am Indian/Alaskan Native  Asian/Pacific Islander  Black, Non-Hispanic  Hispanic  White/Non Hispanic  Other/Unspecified

Do you have a college degree?  Yes  No Class Rank  Undergrad  Grad

	REGISTRATION OPTIONS	FEE	TOTAL
1	<b>Conference Registration</b> – (Received before May 28) Includes: registration, materials, refreshment breaks	\$ 255	\$
2	<b>Late Conference Registration</b> - (Received after May 28) Includes: registration, materials, refreshment breaks	\$ 275	\$
3	<b>2 credit hours</b> ( <i>Please check one of the following</i> ) <input type="checkbox"/> ELED 5000 <input type="checkbox"/> SCED 5000 <input type="checkbox"/> ELED 6840 <input type="checkbox"/> SCED 6840	\$45	\$
4	<b>1 credit hour</b> ( <i>Please check one of the following</i> ) <input type="checkbox"/> ELED 5000 <input type="checkbox"/> SCED 5000 <input type="checkbox"/> ELED 6840 <input type="checkbox"/> SCED 6840	\$30	\$
5	<b>One Day Registration:</b> Day(s) of Attendance: _____ Includes: one day registration, materials, refreshment breaks	\$ 75	\$
<b>TOTAL AMOUNT ENCLOSED</b> ( <i>don't forget to include credit fee</i> )			\$

**Please return registration form to:**

**Mailing Address:**  
Utah State University  
Gifted & Talented Conf.  
Registration Services  
5005 Old Main Hill  
Logan, UT 84322-5005

**Four Easy Ways To Register:**

1. Complete the registration form and return it to the address above with full payment by enclosing a check, P.O. # or credit card billing information.
2. Call Registration Services at (435) 797-0423 or (800) 538-2663. They will register you with a Visa, MasterCard, Diners, Discover or AMEX Card number.
3. Fax your registration form with your credit card number. The 24-hour fax number is (435) 797-0636.
4. Visit [extension.usu.edu/conference/events/gifted/](http://extension.usu.edu/conference/events/gifted/) and register on-line.

**Cancellation/Refund Policy:**

Refunds will be made to those registrants who must cancel less a **\$75** processing fee. Written cancellation must be received by **May 28, 2004**. No refunds will be made after that date. Substitutions are always accepted. *Utah State University reserves the right to cancel this program due to insufficient enrollment and limits its liability to registration refunds only.*

**Lodging:**

**University Residence Halls** are available for \$15-\$25/night. Call (435) 797-0277 to make reservations. The **University Inn Hotel** accommodations are available for \$53 - \$59/night. Call (800) 231-5634 to make reservations. In the event that Residence Halls housing and University Inn lodging are not available, a detailed list of local hotels is available by calling (800) 538-2663 or (435) 797-0423.

**School District Participation:**

For districts not desiring to pay for the credit (awarded or audited) portion of the fee, school districts may pay the general registration fee shown above. The participant is required to pay the remaining amount.

SRW #5834

**FOR OFFICE USE ONLY**

Batch Date _____	Initials _____
Participant No. _____	Date Pmt. Rec'd. _____
Order No. _____	Check <input type="checkbox"/> business # _____
Confirmation Sent _____	<input type="checkbox"/> personal # _____
<input type="checkbox"/> Invoice No. _____	<input type="checkbox"/> cash <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Dis
Cancel Date _____	<input type="checkbox"/> Dnr <input type="checkbox"/> AMEX
<input type="checkbox"/> CR Refunded _____	Total Amt. Rec'd. _____

**Method of Payment: (Full payment is required)**

P.O. # \_\_\_\_\_

Check (Payable to Utah State University)

Credit Card (Circle one)

◆Visa ◆MasterCard ◆Discover ◆Diners ◆AMEX

Name \_\_\_\_\_

Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Card Holders Phone # \_\_\_\_\_

**Questions and Confirmations:**

Registration questions? Call (800) 538-2663 or (435) 797-0423. Confirmations will be mailed for registrations received at least seven days prior to conference.

**Disability/Diet:**

Please check here to receive information on reasonable accommodations that are available for persons with disabilities. Fourteen working days notice is needed to prepare materials and services.

Indicate any special dietary needs here: \_\_\_\_\_