



# Conference Registration Form

Please complete the following page. The document can be typed in on your computer and then printed to submit.

**Submission Methods:**

Email: You can email the SIGNED form back

Fax to: (318) 445-3504 Attn: Roz Allemond

Snail Mail: with any VISA or Master Card / Debit Card or mailed with a check payable to  
South Central Educators Group, Inc.,  
Attn: Roz Allemond  
4200-a Jackson Street  
Alexandria, LA 71303

**QUESTIONS:**

Roz Allemond may be reached at (318) 442-5900 or [rozallemond@aol.com](mailto:rozallemond@aol.com)

For questions, Call Connie Miller (405) 401-5194 or Philip Schoewe (806-794-5557).  
([conniem41@verizon.net](mailto:conniem41@verizon.net)) ([pschoewe@flash.net](mailto:pschoewe@flash.net))

# ATTENDEE REGISTRATION FORM

Price Quantity

Name _____	IDW Workshop - \$150.00 _____
Address _____	Conference Early-Bird - \$195.00 _____ <small>By Sept 9, 2009</small>
_____	Conference Late - \$215.00 _____ <small>After Sept 9, 2009</small>
Guest _____	Guest: Breakfast/Lunch - \$ 60.00 _____
Phone _____	Guest: Friday Night - \$ 75.00 _____

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I authorize the charge of \$ \_\_\_\_\_ Statement Address \_\_\_\_\_

Credit Card #: \_\_\_\_\_ CV#\* \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

\*CV 3#'s can be found on back of the Visa or Master cards

# EXHIBITOR REGISTRATION FORM

Price Quantity

Name _____	Full Booth - \$250.00 _____
Address _____	
_____	Breakfast/Lunch - \$ 60.00 _____
Sponsor _____	
Phone _____	Guest: Friday Night - \$ 75.00 _____

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