



The National Alliance of Black School Educators-PARENTS DAY SUMMIT

Each registrant must use an individual form.
Make additional copies as required.

REGISTRATION INSTRUCTIONS

- 1) **TYPE or PRINT** clearly all responses on this form.
- 2) Inquire at www.nabse.org
- 3) Mail or Fax form to NABSE
- 4) Attn: Parent Day Registration. Mail to:

NABSE
310 Pennsylvania Ave, SE
Washington, DC 20003
Fax (202) 608-6319

PARENTS DAY SUMMIT PRE-REGISTRATION

\$90.00

PLACE: World Congress Center
DATE: Saturday, November 22, 2008
TIME: 8:30 a.m. to 2:30 p.m.

PERSONAL INFORMATION

Name: Prefix	First	MI	Last
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Badge Name (Nickname)

Position/Title

District/Company	City/State/Country
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School

Mailing Address

City	State	Zip
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Home: Phone	Fax	E-mail
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Work: Phone	Fax	E-mail
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Principal's Signature: _____

PAYMENT INFORMATION

- | | |
|--------------------------------|---|
| <input type="checkbox"/> AMEX | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> VISA | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Check | <input type="checkbox"/> Purchase Order |

Total Enclosed: \$ _____

Purchase Order Number: _____

Name Printed on Card: _____

Credit Card No.: _____ Exp Date: _____

Signature Required for Credit Card: _____