

Developing Academic Language Conference Registration Form

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____ Work Phone: () _____
Email: _____ School District: _____

Conference Registration - \$395 (Includes both days)

June 11-12, 2007 Black Canyon Conference Center \$ _____
 9440 N. 25th Ave
 Phoenix, AZ 85021

OR

June 15-16, 2007 Hilton San Antonio Airport \$ _____
 611 N. West Loop 410
 San Antonio, TX 78216

Payment Information

- **FAX** registration form with credit card information to (949) 481-3864
- **Mail** registration form with payment, payable to Encompass Event Planners to:
5713 Calle Polovorsa, San Clemente, CA 92673
- ___ **Check Enclosed** (Payment in full) written to Encompass Event Planners
- ___ **Purchase Order** Enclosed. You must attach the purchase order to the registration form, no requisitions will be accepted.
- ___ **Credit Card** - Please bill my credit card. We accept Visa, MasterCard, and American Express.

CC# _____ Expiration Date: _____
Name on Card: _____ Signature: _____

- **Confirmation:** All conference registrants will receive a confirmation postcard via mail. All registration materials including your name badge may be picked up onsite.
- **Cancellations:** All cancellations must be received in writing by May 1, 2007. Cancellations received after May 1, 2007 are non-refundable. There will be no exceptions.

Encompass Event Planners
5713 Calle Polvorosa - San Clemente, CA 92673
Phone (949) 547-6664 or (949) 351-7374
FAX (949) 481-3864

For more conference information visit: www.pblearn.com

