

Assistant Principals' Conference

October 11-12, 2010

Hyatt Regency Downtown Indianapolis

“Let the Focus Be With You”

Name _____ District # _____
First Name for Name Tag _____ Position _____
School _____ School DOE # _____
Address _____
City _____ State _____ Zip _____
Telephone _____
E-Mail (Needed for confirmation) _____

Conference Fee
(Lunch is included in registration fee)

IASP Member: \$189.....\$ _____
Non-Member: \$449.....\$ _____
Conference Fee and IASP Membership: \$449.....\$ _____
Conference Fee, IASP Membership and NAESP Membership: \$664.....\$ _____
Conference Fee, IASP Membership and NASSP Membership: \$683.....\$ _____

Extra Lunch Tickets _____ @ \$30 each.....\$ _____

Method of Payment

Check enclosed (make payable to IASP)

Purchase order number _____ Date _____

MasterCard/ Visa# _____ Exp.Date _____

Complete Billing Address _____

3 Digit Security Code _____

Cancellation Policy

Refunds or credits will be given only for cancellations made in writing (mail, fax, or email) to Terilyn Hoke thoke@iasp.org no later than five business days prior to the conference date. Cancellations received within five days of the conference may receive a refund, less 50 percent to cover meal/administrative costs. No refunds will be given for “no shows” or cancellations received on the day of the conference.

Please return this form and payment to:

IASP • 11025 East 25th Street • Indianapolis, IN 46229 • (317) 891-9900 x205 • 1-800-285-2188
Fax (317) 894- 9807