

2014 EDFS Peer Learning Conference

December 1 - 3, 2014 | Cincinnati, OH

Organization Information

Organization name: _____

Address: _____

City, State & Zip: _____

Telephone: _____

Fax: _____

Email: _____

Participant Information

Instructions: Please list the name, job title, email address, and phone number of each registrant

Participant Name	Job Title	Email Address	Phone Number

Conference Fees

Instructions: Please tally the total number registrants at each main registration rate (early bird or regular), then calculate your registration fee total.

	Registration	EDFS Member Rate	Non-EDFS Member Rate		# of Registrants		Subtotals
Main Registration	Early Bird Rate*	\$225	\$275	X	=	\$	
	Regular Rate*	\$275	\$325				
Grand Total:						\$	

* Early Bird deadline is November 26th, 2014.

Additional Information

Dietary Needs: _____

Disability Needs: _____

Other Needs: _____

Please Make Check Payable to:

NADO Research Foundation

400 North Capitol Street NW, Suite 390

Washington, DC 20001

NADO reserves the right to cancel any conference-related event.

Registration cancellation policy: We will reimburse your registration fees, minus an administrative fee of \$50, upon receipt of a written request up to November 28, 2014.