

# CONFERENCE REGISTRATION

2007

LATIN AMERICAN \* INTERNATIONAL

USE ONE REGISTRATION FORM PER ATTENDEE- PLEASE PRINT  
*\* All registration fees must accompany a completed registration form.*

Registration is required *in advance* no later than **October 31, 2007!** SACS CASI accepts Credit Cards and U.S. Bank Checks.  
Paying with a Credit Card? Fax completed form with credit card information to **404-679-4533!**  
Paying with a Check? Mail form with check to the address below!

CONFERENCE REGISTRATION:	Sunday, December 2	5:00 p.m. - 7:00 p.m.
	Monday, December 3	8:00 a.m. - 10:00 a.m.
START OF CONFERENCE:	Sunday, December 2	4:30 p.m. - Visiting Chairs & Heads Work Session
		6:30 p.m. - Welcome & Opening Keynote
END OF CONFERENCE:	Tuesday, December 5	1:00 p.m.

NAME FOR BADGE: First: \_\_\_\_\_ Last: \_\_\_\_\_

POSITION:  Superintendent/Director  Assistant or Associate Superintendent/Director  Principal  
(SELECT ONE)  Teacher  Coordinator  Other: \_\_\_\_\_

NAME OF SCHOOL/ORGANIZATION/COMPANY: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone w/extension: \_\_\_\_\_ Fax: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hotel reservations are to be made directly with **THE ROSEN CENTRE HOTEL - Orlando, Florida** by **November 1, 2007**.  
For information and reservations visit [https://reservations.ihotelier.com/crs/g\\_reservation.cfm?groupID=45908&hotelID=2018](https://reservations.ihotelier.com/crs/g_reservation.cfm?groupID=45908&hotelID=2018)

**Professional Attendee Registration Fee: \$300.00**      **Spouse Registration Fee: \$100.00**

TOTAL REGISTRATION FEE: \_\_\_\_\_ NAME FOR SPOUSE BADGE: \_\_\_\_\_

PAYMENT INFORMATION: The registration fee may be paid by Credit Card or Check drawn on a U.S. bank payable to: **SACS CASI**  
A single credit card or check may be used for multiple attendees. **Wire transfers can not be accepted.**

METHOD OF PAYMENT: (SELECT ONE)

**Paying by Credit Card?**

Fax completed Registration Form to:  
**404-679-4533**

**Paying by Check?**

Mail Registration Form with Check to:  
Southern Association of Colleges and Schools  
1866 Southern Lane, Decatur, Georgia 30033  
**Attention: DONA ROUNTREE**

**Check**      check #: \_\_\_\_\_

**Credit Card**       Visa       MasterCard       American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name (print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

CHIEF ADMINISTRATORS CONFERENCE



**DECEMBER 3-5 The Rosen Centre Hotel  
Orlando, Florida**

[www.sacscasi.org](http://www.sacscasi.org); Link to American-International schools in Latin America; Events