



## School Registration Form

Please Type or Print Clearly

Name of School \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_

### Conference Registration Information:

Please submit the School Registration Form and List of Delegate Form together with full payment.

Option	Postmark Deadline	Cost Per Person		Number of Delegates	=	Total
		ACTS Member	Non-Member			
<input type="checkbox"/> Early Registration	January 7	\$50	\$65	X	=	\$
<input type="checkbox"/> Regular Registration	January 8 – March 4	\$60	\$75	X	=	\$
<input type="checkbox"/> On-Site Registration	After March 4 <sup>1</sup>	\$70	\$85	X	=	\$
Total Registration Cost:					=	\$
Total Amount Enclosed <sup>2</sup> :					=	\$

### Submit Registration:

**Mail**

Cedar Park Christian Schools  
 Attn: Marian Samac  
 16300 – 112<sup>th</sup> Ave NE  
 Bothell, WA 98012

**Fax**

Attn: Marian Samac  
 (425) 483-5765

<sup>1</sup>Forms not postmarked by March 4 must be brought to the conference in order to register.

<sup>2</sup>We are sorry, but **no refunds** will be issued once the application has been received by the Conference Registration Dept.