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SPRING 2019 CONFERENCE ATTENDEE REGISTRATION FORM

***“Redefining Leadership in 2019 and Beyond”***

**May 22-24, 2019**

**Renaissance Hotel, Portsmouth, Virginia**

**PLEASE PRINT**

Name (for Name Tag): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation/School Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H/C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(for emergency use only)

**LOCATION**. The Renaissance Hotel, Water Street, Portsmouth, VA.

Call (757)673-3000 or (888)839-1775 for the special rate: $116.00

All Rooms are Waterfront, be sure to reference **VCASE 2019 Annual Spring Conference** to receive the special rate. Parking in the city owned garage- $7.00 per car, per day.

$116 waterfront (taxes and daily and resort fee not included) **before** 4/22/2019.

**REGISTRATION FEE**. Includes complimentary VCASE membership for 2019-2020, Wednesday President’s reception, Thursday continental breakfast, Thursday business lunch, Friday President’s breakfast, all refreshment breaks, conference sessions and program guide.

\_\_\_\_\_$325, postmarked on or before May 6

\_\_\_\_\_$350, postmarked after May 6, or if you register onsite

\_\_\_\_\_$425, Conference Registration and Unified Membership (CEC, CASE, VCASE)

**METHOD OF PAYMENT**. Make checks payable to **Virginia Council of Administrators of Special Education** (please do not draw check to Sheila Bailey). Registration cannot be honored without check or PO number on the form. Unfortunately, we cannot accept credit cards or facsimiles.

\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ Purchase Order # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please include all names on PO. Include contact person.)

**AMOUNT ENCLOSED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cancellation Policy**. A full refund will be issued upon written request received by Sheila Bailey, Executive Director, at the address provided below by May 6, 2019. No refunds will be issued for cancellations received after May 6, 2019 due to hotel commitments.

**Accommodations**. Please indicate required participation accommodations (diet, seating, etc) on this form.

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**PLEASE SEND COMPLETED REGISTRATION FORM TO:**

Sheila Bailey, Executive Director

Virginia Council of Administrators of Special Education

5409 Silver Fox Court

Prince George, Virginia 23875 Phone: 804-931-5589

Email: [sheilabaileyVCASE@gmail.com](mailto:sheilabaileyVCASE@gmail.com)