

# MassCUE Conference 2004

## PREREGISTRATION FORM - Each registrant must fill out form.

**November 17-18, 2004** Print complete information below This form may be duplicated.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

(H) Street \_\_\_\_\_ Town, State \_\_\_\_\_, \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

School/Organization \_\_\_\_\_ Position \_\_\_\_\_

(W) Street \_\_\_\_\_ Town, State \_\_\_\_\_, \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

Please include my name on conference mailing list. YES ( ) NO ( )

Job Category (optional) Please Check One

- District Technology Coordinator   
  K-12 Classroom Teacher   
  Administrator   
  College Instructor   
  Trainer  
 Building Technology Specialist   
  Consultant   
  Media Specialist   
  Other \_\_\_\_\_   
  Vendor

**WE CAN ACCEPT ONLY 900 REGISTRATIONS EACH DAY. IF YOUR REGISTRATION ARRIVES AFTER THE MAXIMUM HAS BEEN REACHED, WE'LL NOTIFY YOU AND RETURN YOUR REGISTRATION FEE.**

### CONFERENCE REGISTRATION FEES

Continental breakfast, lunch, and a 128 MB **Flash Drive** are included in your conference fee.  
 If you're paying by credit card, you may register online at <http://www.masscue.org> or by using this form.  
 If you're paying by purchase order, fill out this form and mail or fax with your purchase order.  
 If you're paying by check, fill out this form and mail with your check.

	<b>Member</b>	<b>Non-Member</b>
MassCUE Membership/Renewal Fee	\$35 _____	
<b>Preregistration Received by November 1</b>		
Wednesday (member/nonmember)	\$165/\$250 _____	_____
Thursday (member/nonmember)	\$165/\$250 _____	_____
Both Days (member/nonmember)	\$250/\$350 _____	_____
<b>Wednesday Pathfinder Dinner Reception (Choose Entree)</b>	\$25 _____	_____
Roast Salmon _____ Beef (Sirloin) _____ Chicken Cordon Bleu _____		

<b>Registrations Received after November 1</b>		
Each day - \$300/day	\$300	_____
Wednesday Pathfinder Dinner Reception (Choose Entree)	\$25	_____

**Total Enclosed:** \$ \_\_\_\_\_

**Check or Purchase Order Number:** \_\_\_\_\_

(Federal EIN Number 22-2831177)  
**FAX FORM to:** 781-416-4002  
 (When accompanied by Purchase Order or Credit Card Info)  
 NO faxes after Monday, November 1.  
 Registrations received after November 1  
 will be billed at the higher rate.




**Questions? Call 781-235-5332 or email [masscue@masscue.org](mailto:masscue@masscue.org)**

**To use a Credit Card, please provide the following information.**

Name, billing address, and ZIP as they appear on the credit card.  
 \_\_\_\_\_  
 \_\_\_\_\_

Credit Card Type:  VISA  MasterCard  Discover

Expiration Date: (Month, Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Credit Card Number:  
 \_\_\_\_\_

**No refunds for cancellations received after November 10.** Payment for purchase orders will be expected in full.  
 On-site Registrations Require Full Payment. If we haven't received your registration before the conference, we'll need a check, a purchase order, or a valid PO number and billing information when you arrive to register. We will not be able to accept a promise that "a purchase order is coming" without that PO number and billing address. On-site registration fee is \$300/day.

**IF WE REACH OUR 900 DAILY MAXIMUM IN ADVANCE, NO ON-SITE REGISTRATIONS ALLOWED.**

You may mail this form, with your check, purchase order payable to MassCUE, Inc., or credit card information to:  
**Massachusetts Computer Using Educators, Inc., Box 812188, Wellesley, MA 02482-0015.**