

PARADE OF INNOVATIONS 2011 SYMPOSIUM

REGISTRATION FORM

"Chartering the Road to Success"

March 24th, 2011

NC Museum of Natural Sciences * 11 West Jones Street * Raleigh, NC 27601

www.paradeofinnov.net

School Name: _____

Principal/Director Name: _____ School Website : _____

School Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Fax Number: _____

Email: _____

Name of Registrant: _____ Title: _____

Other Attendees:

Titles: School Leader (Principal, Dean, Director), Teacher, Student, Parent, Other (please explain)

Participant Name: _____ Title: _____

Participant Name: _____ Title: _____

Participant Name: _____ Title: _____

Participant Name: _____ Title: _____

Participant Name: _____ Title: _____

If your school would like more than 5 participants to attend, please include number on this registration form and complete an Additional Attendees Form.

Additional number of attendees requested: _____

EXHIBITS AND PERFORMANCES

Please check if you would like to participate in the following: _____ School Exhibit _____ Student Performance

If yes, please refer to Registration at www.paradeofinnov.net for information concerning exhibit application and deadline requirements.

ADDITIONAL REGISTRATION AND PAYMENT INFORMATION

All registrations Include: *Admission to all sessions *Symposium materials *Lunch

School registration also Includes: *School link on Symposium website *Discount on Museum tickets
*Opportunity for school exhibitions, presentations, and student performances
*National Exposure

Registration Deadline: Thursday, February 24th, 2011

For questions or additional information regarding registration, please call (910) 223-771 and speak with Ms. Eloise Melvin or Ms. Jamie Mckinnon or send an email to register@paradeofinnov.net

Registration Fee:

- Schools - \$250.00 per school 5 participants
\$20.00 for each additional adult school participant
\$10.00 for each additional student participant
- Individuals - \$50.00 for each individual (not registered with a school)

ENTER LUNCH REQUESTS - Number of vegetarian box lunches _____ Number of regular box lunches _____

1. School Rate	=	\$250.00	Non -School rate (\$50. per individual)
2. # of additional students:	_____ X \$10 = \$	_____	1A. # of attendees _____
3. # of additional adults:	_____ X \$20. = \$	_____	2A. Amount Due \$ _____
4. Amount Due:		\$ _____	

Checks or money orders payable to: Parade of Innovations Symposium

Mail registration and payments to: Parade of Innovations Symposium
PO Box 35476
Fayetteville, NC 28303

CANCELLATION AND REFUND POLICY

Symposium cancellations must be requested in writing and received by 5:00 pm, Monday, February 24th. Email cancellations to cancellation@paradeofinnov.net. There will be a 20% cancellation fee. You will receive an email confirming cancellation. No refunds will be given if cancellations are received after February 24th.

Email your written cancellation to: cancellation@paradeofinnov.net

Parade of Innovations Symposium
Attn: Cancellation Request
P.O. Box 35476
Fayetteville, NC 28303

Please include your email in the cancellation request for confirmation notice.

Participant Agreement

I read and agree to comply with the Symposium and Museum Guidelines.

(See Symposium Guidelines attached or refer to Registration at website.)

Name: _____ Title: _____ Date: _____

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ADDITIONAL ATTENDEES FORM

March 24, 2011

"Chartering the Road to Success"

www.paradeofinnov.net

School Name: _____

Name of Registrant: _____ Title: _____

ADDITIONAL ATTENDEES :

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Participant Name: _____ Title: _____

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