

LAANE 2014 Conference Registration Form

First Name: _____ Last Name: _____

Institution: _____

Position: _____

Mailing Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Will you need special accommodations at the conference?

If yes, please explain: _____

Do you have any dietary restrictions?

If yes, please explain: _____

Are you a member of the National Association for Developmental Education? Yes No

Check here to OPT OUT of the published conference attendance list:

Are you interested in volunteering to be a presider? Yes No

If yes, please indicate strand (e.g. ESL, Math, Writing, Retention) or a specific presentation:

Conference (Professional)	_____	\$100.00
Conference (Student)	_____	\$40.00
Total	_____	\$ _____

Registration forms must be received by Friday, October 17th, 2014. All registrations received after that date will incur a \$15 late fee. You may submit your registration online, email your form to LearningAssistanceNE@gmail.com, or send your form to: Michael Chandler, College of Online and Continuing Education, Southern New Hampshire University, 33 South Commercial St., Manchester, NH 03101. Please make checks payable to LAANE.

LAANE CONFERENCE REFUND POLICY

Refund requests must be submitted in writing and must be received no later than **October 17th, 2014**. Requests received after this date will not be honored. Please submit a written request to Michael Chandler at the address shown above. Approved refunds will be paid by check and will incur a \$10.00 processing fee, which will be deducted from the approved refund amount before the refund check is written. Refund checks will be mailed by the LAANE Treasurer 4-6 weeks after the conference.