



everychild.one voice.®

85th Annual Arkansas PTA Convention April 30- May 1, 2010



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Pre-Registration and Meal Tickets

Please print or type. Register only **ONE PERSON** per form. Make additional copies if needed.
Voting delegates must present a valid credential card and their current membership card to receive a voting card.

School Name _____ Region _____ County _____

Name _____ Council _____
Person attending convention-Please PRINT (if applicable)

Address _____ City _____ ST _____ Zip _____

Phone: Day _____ Evening _____ Email _____

Check appropriate box(es):

- Convention delegate
- Local PTA President
- Teacher
- Principal/Administrator

Early Bird Registrations rates do not apply after March 1st must be post marked by this date

Early Bird Registration & All Meals (Members) \$100.00

Early Bird Registration & All Meals (Non-Members) \$125.00

IF REGISTERING MARCH 2ND-20TH use rates below

Final registrations must be post marked by March 20th.

- PTA Member Adult Registration \$50.00
- Non PTA Member Registration \$60.00
- Student Registration \$20.00
- *Reflections Lunch \$20.00
- Awards Banquet Lunch \$30.00
- Membership Banquet Dinner \$30.00

Total Amount Enclosed \$ _____
 VEGETARIAN MEAL(S) REQUESTED

AFTER MARCH 20th DO NOT MAIL REGISTRATIONS - COMPLETE THIS FORM, ATTACH PAYMENT AND BRING WITH YOU TO REGISTER ON SITE:

- PTA MEMBERS \$65.00
- NON PTA MEMBERS \$80.00

MEAL TICKETS WILL NOT BE SOLD AFTER March 20th

Make check or money order payable to ARPTA. PAPERCLIP-DO NOT STAPLE

*** Separate registration form with complimentary meal will be provided to Reflections Winners**

Mail Registration Form To:

Arkansas PTA
P.O. Box 1015
North Little Rock, AR 72115
Deadline March 20, 2010

After due date: **ONSITE** Registration only
Questions - email : Office@ArkansasPTA.org

Hotel Reservations:

Embassy Suites
11301 Financial Center Parkway
Little Rock, AR 72211
501-312-9000

Mention "Arkansas PTA" for Convention rate (\$119.00)
Rates are guaranteed until March 29, 2010

OFFICE USE ONLY: DS DR DB CPL NT PKT Ck# _____ CkAmt _____ Payee _____ DateRcd _____