

After completing	g the fiel	lds, clic	k File > Sa	ve As an	nd rename yo	ur form	to ensure	the text saves properly.		
REGISTRANT INFORMATION								BADGE INFORMATION		
Prefix	refix Name							First Name for Badge		
Title								Company		
Work Address							WAYS TO REGISTER			
								ONLINE: conference.familieslearning.org		
City	State Zip				MAIL: National Center for Families Learning					
Work Phone Ext.				Mok	bile Phone			325 W. Main Street, Suite 300, Louisville, KY 40202		
Attendee email								EMAIL: conference@familieslearning.org		
Additional email for receipt							TERMS & CONDITIONS			
REGISTRATION QUESTIONS							A full refund minus a \$75 administration fee will be issued if NCFL receive cancellation from the registrant in writing by Monday, Septemb 23, 2024. A full refund minus a \$125 administration fee will be issued NCFL receives cancellation from the registrant in writing betwee Tuesday, September 24, 2024 and Monday, October 21, 2024. NCFL w not be held responsible for, nor issue refunds based on, illness, trav	er if en ill el		
Are you a co-presenter for a concurrent session at this year's conference? YES NO						NO	or weather-related interruptions, or other independent issues requiring cancellation after October 21, 2024. Registration substitutions are			
Is this your first time attending an NCFL conference?					•		NO	permitted. Your attendee profile within the event mobile app will be visible to o	ar.	
Are you part of a Statewide Family Engagement Center?						NO	attendees for networking purposes. Attendees wishing to hide their profile can do so within the mobile app when it becomes available to download.			
Do you represent a Bureau of Indian Education FACE program? YES NO								REGISTRATION FEES		
How many years of	experience	e do you	have workin	g in family	y engagement?			Early bird registration: Feb. 26 through June 30		
0	1-4	5-9	10-14	15-19	20+			Regular registration: July 1 through Nov. 20	d Regular	
Choose the category below that best describes your work (select only one):							Sunday Pre-Conference Masterclass, Nov. 17 \$150	\$175		
Business Leader				Education - Post-secondary				3-Day Monday-Wednesday Pass, Nov. 18-20 \$595	\$695	
Childcare/Daycare Provider Community-Based Organization/Nonprofit				Government/Policymaker/Policy Advisor Library				1-Day Monday-Only Pass, Nov. 18 \$295	\$350	
Education Administrator				Literacy Coalition				1-Day Tuesday-Only Pass, Nov. 19 \$295	\$350	
Education - Adult Education - Early Childhood				Parent/Family Leader Philanthropy/Foundation				1-Day Wednesday-Only Pass, Nov. 20 (half-day) \$150	\$175	
Education - Family Literacy/Learning Education - K-12				Research Social Services/Social Work				Will you attend Monday evening's welcome reception?		
Other								YES NO		
							PAYMENT INFORMATION			
						Please charge my:				
NCFL is committed to serving all attendees who have disabilities and adheres to the guidelines set forth in the Americans with Disabilities Act. Please select all that apply							VISA MASTERCARD AMERICAN EXPRESS			
to you:								Payment Amount: \$		
I use a mobility device, such as a wheelchair or walker.							- m			
I need ASL interpretation.							Credit card number:			
I require large p	rint mater	ials.						Exp. CVV:		
A large portion of our conference programming is offered in English. Do you require interpretation in a language other than English?								(MM/YY)		
								Billing Address:		
If you answered yes	, what lan	guage?						Cardholder Name:		

NUT ALLERGY

PO Number:

Check number:

Please indicate any dietary needs:

VEGETARIAN

GLUTEN-FREE

VEGAN