



2012 National Conference

Changing Our Latitudes, Changing Our Attitudes

*Presented by The Commission on Adult Basic Education and
The Virginia Association for Adult and Continuing Education*

REGISTRATION FORM

REGISTER ONLINE OR BY MAIL

ONLINE: Visit www.coabeinvirginia2012.org or www.coabe.org and click on the registration tab. (preferred method of registration)

MAIL/FAX: Complete all three pages of the registration form and mail to COABE Conference, PO Box 620, Syracuse, NY 13206 or fax to 866-941-5129.

If you have any questions about the conference registration process, please call 1-888-442-6223 or e-mail your questions to info@coabe.org.

REGISTRATION PROCESS

Please complete one registration form per registrant

- STEP 1:** Complete your registration information
- STEP 2:** Read important information; identify your affiliation
- STEP 3:** Select registration options (full registration or single-day)
- STEP 4:** Make your pre-conference selections (optional)
- STEP 5:** Make your on-site ticketed events selections (optional)
- STEP 6:** Make your off-site ticketed events selections (optional)
- STEP 7:** Calculate your conference fees
- STEP 8:** Complete your payment information

STEP 1: REGISTRATION INFORMATION

Name _____

Organization _____

Title/Position _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ Email _____

Check if special assistance is required at the Conference. Please provide an explanation of your needs.

STEP 2: IMPORTANT INFORMATION

Please check all that apply:

- COABE Member COABE Board Member VAACE Member VAACE Board Member State Director State Association President Presenter Exhibitor Adult Student Administrator/Local Program Manager State Department of Education Staff National Department of Education Staff Teacher Volunteer Tutor Retiree Adult Education and Literacy Higher Education Corrections School Support/Clerical Other: _____

Registration must be paid in full by April 13, 2012 by check or credit card to ensure discounted conference registration rate. Full conference registration (without discount) will apply to all outstanding registrations after April 13, 2012. Spouse/guest must register to attend on-site ticketed awards events. Enter spouse/guest name in Step 3, and on-site ticketed awards event in Step 5. No refunds for pre-conference registration, single-day registration, or full conference registration.



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REGISTRATION FORM (continued)

STEP 3: REGISTRATION OPTIONS

FULL REGISTRATION

Includes all keynotes, plenary sessions, concurrent sessions, President's Reception, 2013 Louisiana Promotional Event, Regional Meetings, Networking, and More Next Steps Event. (Pre-conference, ticketed on-site awards events, and ticketed off-site tours are not included in full registration) Current membership in VAACE or COABE is required to qualify for discounted member Conference registration.

December 15, 2011 to February 14, 2012

Member: \$350 Non-Member: \$425

February 15, 2011 to On-site

Member: \$370 Non-Member: \$445

On-Site

Member: \$450 Non-Member: \$525

December 15, 2011 to On-Site

Adult Student: \$250

SPOUSE/GUEST REGISTRATION

Name _____

Spouse/guest registration is reserved for those who are accompanying the registrant to an on-site awards event. On-site awards tickets must be purchased in advance.

SINGLE-DAY REGISTRATION

Includes one day of plenary sessions, concurrent sessions, and exhibits on selected registration day. (Pre-conference, ticketed on-site awards events, and ticketed off-site tours are not included in full registration.)

December 15, 2011 to February 14, 2012

Wednesday, April 11 Member: \$225 Non-Member: \$300

Thursday, April 12 Member: \$225 Non-Member: \$300

Friday, April 13 Member: \$225 Non-Member: \$300

February 15, 2012 to On-site

Wednesday, April 11 Member: \$245 Non-Member: \$320

Thursday, April 12 Member: \$245 Non-Member: \$320

Friday, April 13 Member: \$245 Non-Member: \$320

On-Site

Wednesday, April 11 Member: \$450 Non-Member: \$525

Thursday, April 12 Member: \$450 Non-Member: \$525

Friday, April 13 Member: \$450 Non-Member: \$525

December 15, 2011 to On-Site (Adult Student)

Wednesday, April 11 Adult Student: \$150

Thursday, April 12 Adult Student: \$150

Friday, April 13 Adult Student: \$150

STEP 4: PRE-CONFERENCE, MONDAY AND TUESDAY, APRIL 9-10 2012

You may sign up for pre-conference regardless of whether you are attending the full conference. For more details on pre-conference sessions visit the website at www.coabeinvirginia2012.org.

FULL-DAY PRE-CONFERENCE

8:30 a.m. - 4:00 p.m.

Tuesday \$150 (includes lunch):

HALF-DAY PRE-CONFERENCE AM

8:30 a.m. - 11:30 a.m.

No half day morning preconference on Monday

Tuesday \$70 (lunch on your own)

HALF-DAY PRECONFERENCE PM

1:00 p.m. - 4:00 p.m.

Monday \$70 (lunch on your own)

Tuesday \$70 (lunch on your own)

STEP 5: TICKETED ON-SITE EVENTS

Only registered attendees and their spouse/guest may purchase tickets for these events.

	Quantity	Quantity	
<input type="checkbox"/> COABE Awards Luncheon, Wednesday, April 11 (12pm-1:30pm)	_____ x \$15.00	_____ x \$45.00 guest	= \$ _____
<input type="checkbox"/> President's Reception/2013 Conference Event, Tuesday, April 10 (6pm-9:30pm), FREE		_____ No Charge	
<input type="checkbox"/> COABE Regional Meetings, Thursday April 12 (7:30am-8:30am) FREE, door prizes!		_____ No Charge	
<input type="checkbox"/> Warm Breakfast Followed by OVAE Update, Thursday April 12 (8:45am-9:30am)		_____ x \$15.00	
<input type="checkbox"/> Conference Luncheon, Thursday, April 12 (12:00pm-1:30pm)		_____ x \$15.00	
Grand Total for Ticketed On-Site Events			= \$ _____

For awards event meals please specify: Vegetarian Kosher Special Dietary Restrictions: _____



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REGISTRATION FORM (continued)

STEP 6: Event Preregistration

For four times, transportation information, complete description, and age requirements for children, visit the website at www.coabeinvirginia2012.org and click on Events. Pre-registration required for ticketed off-site events.

	Quantity	Total Amount
<input type="checkbox"/> Special Conference Event		
<input type="checkbox"/> Welcome to Norfolk Tour, Monday, April 9 (1pm-5pm)	_____ x \$53.00 adult	_____ x \$24.00 child
Norfolk Tour Total		= \$ _____
<input type="checkbox"/> Preconference Jamestown/Williamsburg Excursion, Tuesday, April 10 (8am - 5:30pm)	_____ x 78.00 adult	_____ x \$54.50 child
Jamestown/Williamsburg Excursion Total		= \$ _____
<input type="checkbox"/> Preconference VA Living and Mariner's Museum, Tuesday, April 10 (8:30am-4:30pm)	_____ x \$45.00 adult	_____ x \$35.00 child
VA Living and Mariner's Museum Total		= \$ _____
<input type="checkbox"/> Spirit of Norfolk Dinner Cruise, Wednesday, April 11 (6:30pm-10pm)	_____ x \$49.00	= \$ _____
<input type="checkbox"/> Explore the VA Beach Boardwalk, Thursday, April 12 (see program for information)	_____ x 15.00 adult	_____ x \$10.00 child
VA Beach Boardwalk Total		= \$ _____
<input type="checkbox"/> Colonial Williamsburg/Yorktown Excursion Tour, Friday, April 13 (8am-5pm) child (children 6 and under are free)	_____ x \$78.00 adults	_____ x \$54.50
Colonial Williamsburg/Yorktown Excursion Total		= \$ _____
<input type="checkbox"/> Busch Gardens, Friday, April 13 (9am-7:30pm) youth (children under 3 are free)	_____ x \$85.00 adults	_____ x \$75.00
Busch Gardens Total		= \$ _____
Grand Total Amount for Offsite Events		= \$ _____

STEP 7: CALCULATE YOUR FEES

Please calculate your total registration fees based upon steps 3-6.

National COABE Membership	
\$35 per year	\$ _____
State VAACE Membership	
\$30 per year	\$ _____
Full Registration	\$ _____
Single-Day Registration	\$ _____
Pre-Conference Registration	\$ _____
Ticketed On-Site Events	\$ _____
Ticketed Off-Site Events & Tours	\$ _____
Grand Total Amount	\$ _____

STEP 8: COMPLETE YOUR PAYMENT INFORMATION

All fields, including billing address, must be completed in order to process your registration payment. Remember, if you are paying by check, please make it payable to: COABE.

FEE TOTAL (from STEP 7) _____

Check (payable to COABE) Check # _____

Credit Card: American Express Discover MasterCard VISA

Card Number _____

Billing Address _____

Billing City/State/Zip _____

Telephone _____

E-mail _____

Name on Card _____

Cardholder Signature _____ Exp. Date _____