

Registration Form

66th Annual CEA Conference Charleston, West Virginia July 17-20, 2011

Charleston Civic Center
200 Civic Center Drive, Charleston, WV 23501
Phone: 304-345-1500, FAX: 304-345-3492



Full Registration* before July 1, 2011: ___ \$325 for CEA Member with membership number: _____
___ \$390 for Non-Members (Renew or join to receive member benefits)
___ \$275 for CEA Retiree or CEA Student

Full Registration* after July 1, 2011: ___ \$385 for CEA Member with membership number: _____
___ \$450 for Non-Members (Renew or join to receive member benefits)
___ \$335 for CEA Retiree or CEA Student

* Full registration includes President's Reception Sunday, Breakfast & Luncheon Monday, Breakfast and Dinner Tuesday, Brunch Wednesday.

One Day Registration:

Monday: ___ \$145 for CEA Member (# _____), ___ \$210 for Non-Member (Includes Breakfast & Luncheon)
Tuesday: ___ \$180 for CEA Member (# _____), ___ \$245 for Non-Member (Includes Breakfast & TOY Dinner Gala)

Please check here if you are renewing your membership or would like to become a member.

****If your membership is not current then you need to pay an additional fee to renew your membership in addition to the registration fee****

Meals for non-registered guests: ___ \$40 Sunday Reception; ___ \$65 Tuesday TOY Dinner Gala;
___ \$40 Monday Luncheon; ___ \$40 Wednesday Brunch

State Directors' Lunch: ___ \$50 only for persons attending State Directors' Meeting on Sunday, July 17, 2011

Meal Preference: ___ Regular Meals ___ Vegetarian Meals ___ Kosher Meals

Total Payment: \$.00 Total from Registration/Meals above
\$.00 Total from Tour Sign up above
\$.00 Total Due

Registration Information:

Name as you would like it to appear on nametag: Title: _____ First: _____, Last: _____
Organization/Institution: _____; Position/Title: _____
Street Address: _____, City: _____, State: _____, Zip Code: _____
Phone #: () _____ - _____, FAX #: () _____ - _____, Email Address: _____
Method of payment: ___ Check ___ Purchase Order ___ Credit Card

Credit Card/PO Payment: ___ VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS

Name of Cardholder: _____ Card Holder Billing Address: _____
Card Number: _____ Expiration Date: _____ Authorizing Agent: _____
Authorized Signature: _____ Email: _____ Purchase Order Number: _____

Hotel Reservation:

To make a reservation please call the hotels below directly (these rates are valid until June 22nd):
Charleston Marriott Town Center – 1-800-228-9290 – Conference Rate: \$95.00 for all rooms
Embassy Suites Hotel – 1-304-347-8700 – Conference Rate: \$129.00

Mail or FAX this completed form with payment to:

CEA West Virginia Conference, 8182 Lark Brown Rd., Suite 202, Elkridge, MD 21075
Phone: 800-783-1232; FAX: 443-459-3088

Address all inquiries to Judy Burkle, Registration Chair, at jburkle@access.k12.wv.us