



REGISTRATION

THE LEARNING EDUCATOR

INDIVIDUAL REGISTRATION FORM

EARLY BIRD POSTMARK
DEADLINE:

JANUARY 28, 2009
(Save \$50!)

Conference fee includes Friday lunch and reception; Saturday continental breakfast and breaks, and all programming and session materials. Separate registration required for preconference workshops and Faculty Developers' Breakfast Session.

Registration is complete on receipt of full payment; sorry, we cannot accept email registrations, purchase orders, or split registrations. Fax registrations accepted for credit card registrations only. Refer to page 6 for refund policies.

*To register for the conference, please return this form with your check or money order **payable to The Collaboration** or with your credit card information.*

Note:
**Other Affiliate Members are institutions outside the five-state region of Iowa, Minnesota, North Dakota, South Dakota, and Wisconsin that are not HBCUs, tribal colleges, or Hispanic-Serving Institutions*

The group discount applies to full conference faculty or staff registrations from member institutions only. (**Note: One-day registrations do not qualify for this discount.) **To receive the discount, all registrations must be submitted together by the faculty development coordinator, along with the cover sheet listing all participants and full payment.

Send to:
Collaboration Conference
2356 University Ave. W., Ste. 230
St. Paul, MN 55114
Fax: (651) 646-3162
For more information, contact The Collaboration at (651) 646-6166, or e-mail us at collab@collab.org

NAME (Dr./Mr./Ms.) _____ BADGE NAME _____
TITLE _____ DEPARTMENT _____
INSTITUTION _____
STREET _____
CITY, STATE, ZIP _____
DAYTIME TELEPHONE _____ FAX _____
EMAIL ADDRESS _____

DISCIPLINARY AREA (check) Humanities STEM Arts Social Sciences
 Education Health Sciences Other _____

PLEASE NOTE ANY SPECIAL PHYSICAL OR DIETARY REQUIREMENTS _____

PLEASE SIGN HERE IF WE MAY USE YOUR IMAGE IN MARKETING OR PROMOTIONAL MATERIALS _____

To help with planning check to indicate your preference for concurrent sessions (titles on page 4):

SESSION I: (choose one) SESSION II: (choose one) SESSION III: (choose one)
 A B C D A B C D A B C D
 E F G H E F G FD Session E F G H

CONFERENCE REGISTRATION FEES

(see pages 4-5 for member institutions; see note* in the left column of this page for explanation of types of members)

	REGIONAL, ASSOCIATE, & HBCU, TRIBAL COLLEGE, HSI AFFIL. MEMBER	OTHER AFFILIATE MEMBER*	NONMEMBER
FULL CONFERENCE REGISTRATION			
Faculty or Staff	<input type="checkbox"/> \$285	<input type="checkbox"/> \$295	<input type="checkbox"/> \$375
Graduate or Undergraduate Student	<input type="checkbox"/> \$135	<input type="checkbox"/> \$145	<input type="checkbox"/> \$195
Undergraduate Student Presenter	<input type="checkbox"/> Free	<input type="checkbox"/> Free	<input type="checkbox"/> \$195
ONE-DAY REGISTRATION			
<input type="checkbox"/> Friday Only <input type="checkbox"/> Saturday Only	<input type="checkbox"/> \$235	<input type="checkbox"/> \$245	<input type="checkbox"/> \$310
PRECONFERENCE REGISTRATION (includes continental breakfast)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95
<i>Please check which preconference session you plan to attend.</i>			
<input type="checkbox"/> [A] Maximize the Potential of a Collaborative Team Experience			
<input type="checkbox"/> [B] Investigations and Assessing Student Learning			
<input type="checkbox"/> [C] Designing for Double-Loop Learning			
<input type="checkbox"/> [D] Tapping the Power of Faculty Learning Communities			
<input type="checkbox"/> [E] Fostering Student Research			
HBCU, TCU, HSI ROUNDTABLE	<input type="checkbox"/> Free	<input type="checkbox"/> Free	<input type="checkbox"/> Free
FACULTY DEVELOPERS' BREAKFAST SESSION REGISTRATION	<input type="checkbox"/> Free	<input type="checkbox"/> Free	<input type="checkbox"/> \$35
GROUP DISCOUNTS (full conference, member faculty/staff only)**			
-6 to 10 people	<input type="checkbox"/> -\$15	<input type="checkbox"/> -\$15	<input type="checkbox"/> N/A
-more than 10 people	<input type="checkbox"/> -\$25	<input type="checkbox"/> -\$25	<input type="checkbox"/> N/A
MINI-CONSULTATIONS ON CAMPUS INITIATIVES	<input type="checkbox"/> Free	<input type="checkbox"/> Free	<input type="checkbox"/> Free
<input type="checkbox"/> Friday, 9:45-10:30 a.m.			
<input type="checkbox"/> Saturday, 9:45-10:30 a.m.			

SUBTOTAL: _____
If postmarked after January 28, 2009, add \$50 \$50 \$50 \$50
TOTAL PAYMENT ENCLOSED: _____

CHECK ENCLOSED CREDIT CARD PAYMENT AMEX VISA MASTERCARD

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

CSV# _____ (the three digits at the end of the signature panel on the back of your credit card)

CARDHOLDER NAME _____

CARDHOLDER BILLING ADDRESS _____

CARDHOLDER SIGNATURE _____

For Office Use Only	
PD _____	AMT _____
C# _____	DD _____