

VT's Young Adult Promise



Dropout Prevention Summit Registration

October 29th at Lake Morey Resort

8AM - 4PM

General Information:

Lake Morey Resorts is located just off Exit 15 I-91 North and South

If you wish to stay overnight the Resort has reserved a block of rooms under the group name: *Vermont Association of Mid-Level Educators*. Individual room registration deadline at the rate of \$89.00 must be made by **Sept. 28, 2009**, by calling **1-800-423-1211**. Registration after that date will be accepted on a space available basis. A deposit of \$50.00 is required to confirm the room reservation.

Summit Registration is limited to 250 attendees. Register early!

- ❖ All attendees please provide **all** the information requested below. A registration fee of \$30.00 covers the cost of publications and information for guiding your work. Registration for the Summit includes attendance at a Webinar on October 21st.
- ❖ Registration deadline is **Oct. 18, 2009**. Mailed to: PO Box 400, Marlboro VT 05344 or electronically with a PO# at www.vamle.org.
- ❖ Registrations received after 10/18/09 will be billed an additional \$15.00.

----- Cut and return to: -----

VAMLE, PO Box 400, Marlboro VT 05344

VT's Young Adult Promise Summit Registration

First Name	
Last Name	
Title	
Organization or Business	
Mailing Address	
City, State & Zip	
Phone	
e-Mail –required.	
Morning Session Choice (see brochure for listing)	A <input type="checkbox"/> Parents & Youth B <input type="checkbox"/> Educator C <input type="checkbox"/> Business D <input type="checkbox"/> Health & Social Service E <input type="checkbox"/> Government F <input type="checkbox"/> Non-Profit Organization G <input type="checkbox"/> Community: Arts & Recreation
Region you will represent	Central <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest <input type="checkbox"/>
Registration Fee \$30.00 Checks payable to VAMLE	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No PO# _____
Webinar Participation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dietary Restrictions	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain
Do you have any special needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Explain

FOR OFFICE USE ONLY	
Received	_____
Payment	_____
Badge #	_____