

NDSBA CONVENTION REGISTRATION FORM
OCTOBER 25-26, 2018

SCHOOL DISTRICT [or county or multidistrict - if applicable]

Our school district is allowed _____ delegates
(number)
(Counties and multidistricts are nonvoting members)

ADDRESS

CITY ST ZIP

e-mail address for registration confirmation

NAME OF REGISTRANT	TITLE (Bd Pres, Bd Member, Supt, BsMgr, Attorney, CoSupt)	DELEGATE or ALTERNATE? * (indicate with D or A)	REGISTRATION CODE (from previous page)	AMOUNT PAID
[John Doe]	[Bd Member]	[D]	[LAW-CONV]	[\$220]

(duplicate form if more space is needed)

TOTAL AMOUNT ENCLOSED: \$ _____

RETURN TO: NDSBA
PO Box 7128
Bismarck ND 58507-7128

***Convention delegates and alternates (board members only) must have their names submitted to the NDSBA office BY OCTOBER 12 in order to vote in the Delegate Assembly. There will be no exceptions.** If you're not sure who will be attending, submit all possible names as either delegate or alternate. They will be allowed to **change** status at the convention only if their names were submitted by the deadline.

PAYMENT FOR FAX REGISTRATIONS MUST BE RECEIVED BY OCTOBER 12 OR THE HIGHER FEE WILL BE ASSESSED.

This will certify that those persons designated as delegates and alternates above have been duly appointed and qualified for the assignment.

Date

Business Manager (signature required)

CANCELLATIONS: Requests for refunds (less \$25 service fee per registrant) can be honored only if made IN WRITING and FAXED to NDSBA by NOON on MONDAY, OCTOBER 22, 2018. ~~~ No e-mail cancellations will be accepted ~~~