

2009 STAR ACADEMY REGISTRATION

Name _____
 Home Address _____
 City/State/Zip _____
 Phone _____
 E-mail _____

SCHOOL INFORMATION

School District _____
 School Building Name _____
 Grade Level _____
 Discipline Taught _____
 School Phone _____
 School E-mail _____

Please indicate the title of the session you wish to attend. We encourage you to list one alternative.

First Choice
 Session Title _____

Second Choice
 Session Title _____

Cancellation Policy
 Cancellations must be submitted in writing to CESA #11. Refunds will be made prior to June 11, 2009 minus a \$35 administration fee. Refunds or cancellations will not be reimbursed after June 12, 2009. Substitutions are encouraged. Please call Debbie Baier 715.986.2020 x 2187 with the name change.

Special Accommodations
 It is important to us that you enjoy the Academy. If due to a physical challenge you have any special needs, accommodations or requirements, please let us know and we will do our best to accommodate you.

Academy Host Site
 River Falls High School
 818 Cemetery Road
 River Falls, WI 54022
 Phone: 715.425.1830
 www.rfsd.k12.wi.us
 Elaine Baumann, High School Principal
 Tom Westerhaus, District Administrator



STAR Academy in partnership with

INDICATE METHOD OF PAYMENT

- Check Enclosed**
 Please make check payable to:
CESA #11/STAR Academy
- Purchase Order Attached**
 (A hard copy of the purchase order is necessary in order to process registration).

STAR Academy 2-Day Pre-Conference
July 29 & 30, 2009
 \$150 CESA #11 Title IIA Consortium Members
 \$350 Nonmembers

STAR Academy 4-Day Sessions
August 3 - 6, 2009
 \$250 CESA #11 Title IIA Consortium Members
 \$450 Nonmembers

STAR Academy 2-Day Sessions
August 5 & 6, 2009
 \$150 CESA #11 Title IIA Consortium Members
 \$350 Nonmembers

Continental breakfast, lunch and break food are included in the cost of all academy registration fees.

TO BE COMPLETED BY CESA #11

Date Application Received _____

Registration Method

- Mail
- Fax
- On-line
- Phone



Method of Payment

- Check
 Amount Received _____
 Check Number _____
- Purchase Order
 Date Billed _____
 Payment Received _____
 Amount Received _____