

# 40th Annual Middle Level Conference

## Registration Form ~ March 10, 11, & 12, 2021

**① Registrant Information** (Please print clearly)

Attendee's Name \_\_\_\_\_ Professional Position: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Confirmations are sent by e-mail

School Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ NELMS Member:  Yes  No

② REGISTRATION FEE (Check Your Selection)		
	Member	Non-Member
<b>INDIVIDUAL</b>	<input type="checkbox"/> \$ 129	<input type="checkbox"/> \$ 209
<b>TEAM</b> (up to 5 people)*	<input type="checkbox"/> \$ 450	<input type="checkbox"/> \$ 970
<b>GROUP</b> (up to 10 people)*	<input type="checkbox"/> \$ 800	<input type="checkbox"/> \$ 1,600
<b>WHOLE SCHOOL*</b>	<input type="checkbox"/> \$ 1,200	

**\*Additional Names for Team/Group/Whole School Registrations** (duplicate as needed)

Attendee's Name	Professional Position	E-Mail Address (confirmation are sent by email)

**③ PAYMENT** (Completed payment must be received with registration form.)

**TOTAL PAYMENT DUE** \_\_\_\_\_

Check (payable to New England League of Middle Schools)     Purchase Order # \_\_\_\_\_ (Must be attached to this form)  
 MasterCard             Visa             Discover

Card #: \_\_\_\_\_ Expiration Date (MMYY): \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_ Security Code (from back of card): \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Complete and mail, or email registration form with payment or signed purchase order to:  
**New England League of Middle Schools • PO Box 887 • Georgetown, MA 01833-0887**  
 Phone (877) 402-7627 • E-Mail: nelms@nelms.org

In compliance with ADA (American Disabilities Act), if you require special assistance while attending this activity please contact NELMS 3 weeks prior to this event.