

REGISTRATION FORM

SMOKY MOUNTAIN SCHOOL ON CORE FUNCTION CONFERENCE
APRIL 12TH - 14TH, 2006

NAME: _____

MAILING ADDRESS: _____

EMPLOYER: _____

DAY PHONE: () _____ FAX: () _____

Special accommodations / vegetarian meals? Yes No Please Specify: _____

Please help us by indicating which workshops / lunches you plan to attend:

Wednesday Lunch Thursday Lunch Thursday Awards Dinner* Friday Lunch

Please choose only one workshop for each time slot:

Wednesday, April 12, 2006

9:00 am 2:00 pm
W1__ W1__
W2__ W2__
W3__ W3__
W4__ W4__
W5__ W5__
W6__ W6__

Thursday, April 13, 2006

9:00 am 2:00 pm
T1__ T1__
T2__ T2__
T3__ T3__
T4__ T4__
T5__ T5__
T6__ T6__

Friday, April 14, 2006

F1__
F2__
F3__

REGULAR REGISTRATION

The registration fee for the conference is as follows:

\$ 175.00 **TAADAC Members**

\$ 195.00 **Non-Members**

\$ 75.00 **1 Day Rate**

\$ 30.00 ***Additional Dinner Guest**

\$ _____ **Total**

\$ _____ **Payment**

Check / Money Order

Credit Card** Visa MC

Account Number: _____

Expiration Date: _____ CID: _____

Signature of Card Holder:

X _____

Please make checks payable to MTAADAC/ETAADAC

**Credit card registrations must be phoned or faxed to Phil Guinsburg only - MTAADAC Representative

Phone: 615-386-3333 Fax: 615-386-3353

Individual scholarships are extremely limited. Please address requests to Donna Mitchell.

Submit completed registration form and payment to:

ETAADAC

P.O. Box 20836, Knoxville, TN 37940-0836