

HARVEY PUBLIC SCHOOLS DISTRICT 152

CONFERENCE/CONVENTION/WORKSHOP ATTENDANCE REQUEST

Please submit one copy of any information you may have concerning this request at least TWO WEEKS BEFORE requested C/C/W date(s).

Name of Person (please print): Dr. Deane Adams

Grade/Subject/School: \_\_\_\_\_

Name/Date of C/C/W: NABSE Nov. 18 - Nov. 22

Location of C/C/W: Washington, D.C.

Give a tentative summary of expected expenses(s):

Registration:	\$	435 <sup>00</sup>
Travel:	\$	_____
Food:	\$	_____
Lodging:	\$	_____
Other:	\$	_____
Estimated Total:	\$	_____

Will a substitute be required? Yes \_\_\_ No  All Day? Yes  No \_\_\_ AM \_\_\_ PM \_\_\_

LONG RANGE PLAN \_\_\_ GOAL \_\_\_ Explain what you desire to gain by attendance: Continue to provide leadership and support to all staff in the effective delivery of educational opportunities for our students and families.

Applicant's Sig/Date \_\_\_\_\_ Principal's Sig/Date \_\_\_\_\_ Administrator's Sig/Date \_\_\_\_\_

NOTE: IF APPROVED, A WRITTEN REPORT MUST BE SUBMITTED TO SUPERINTENDENT OR ADMINISTRATOR WITHIN ONE WEEK AFTER THE CONFERENCE/CONVENTION/WORKSHOP.

OFFICE USE ONLY

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Account Name & Number: Title II

PO # \_\_\_\_\_ CHECK REQUEST: Accounts Payable \_\_\_\_\_ Payroll \_\_\_\_\_ Imprest \_\_\_\_\_

Substitute Account Name/Number: \_\_\_\_\_

Name of Substitute Called: \_\_\_\_\_

Business Manager Signature/Date \_\_\_\_\_

Superintendent's Signature/Date \_\_\_\_\_

# Registration Form

NABSE  
2015 Conference Packet



## CONFERENCE REGISTRATION RATES

### EARLY BIRD SPECIAL!!!

Registrants who register by July 31, 2015 will receive a deduction of \$50.00!!!  
(This rate does not include Single Day/Spouse, Parents Day Registration and Student-Basic.)

### NABSE REGISTRATION RATES

Membership Status*	FULL	BASIC
Individual Non-Member	<input type="checkbox"/> \$500	<input type="checkbox"/> \$430
Individual Member	<input checked="" type="checkbox"/> \$355	<input type="checkbox"/> \$270
Retiree Non-Member	<input type="checkbox"/> \$359	<input type="checkbox"/> \$285
Retiree	<input type="checkbox"/> \$309	<input type="checkbox"/> \$235
Student Non-Member**	<input type="checkbox"/> \$235	<input type="checkbox"/> \$195
Student**	<input type="checkbox"/> \$215	<input type="checkbox"/> \$175
Single Day/Spouse	N/A	<input type="checkbox"/> \$185

- Parents Day.....\$99.00  
 Aspiring Superintendents Academy.....\$109.00

- Members with outstanding membership dues **must** complete and submit a membership renewal application and dues payment. Otherwise **Non-Member** registration rates apply.
- Student membership/registration category applicable to full-time students who are **NOT** employed full-time. Valid student I.D. must be presented on-site or higher registration rate applies.
- **Basic Registration does not include Founding Members Luncheon or Annual Banquet tickets.**

Dr. Denean Adams  
 Name: Prefix First MI Last

Superintendent  
 Position/Title

Harvey School District #152 Harvey, IL  
 District/Organization/Company City/State/Country

16001 Lincoln Ave.  
 Mailing Address  Home  Office

Harvey IL 60637  
 City State Zip

(708) 243-6521 dadams01@harvey152.org  
 Home Phone Fax Email

(708) 333-0300 dadams01@harvey152.org  
 Work Phone Fax Email

NABSE Affiliate: \_\_\_\_\_

**PAYMENT INFORMATION**

AMEX       MasterCard      Registration: \_\_\_\_\_  
 VISA       Money Order      Meal Ticket: \_\_\_\_\_  
 Check       P.O.      Total Enclosed: \$ \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_  
 Cardholder's Name (Required): \_\_\_\_\_  
 Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

*Required for Credit Card Authorization*

Please Send Completed Application and Payments to: The National Alliance of Black School Educators • 310 Pennsylvania Ave., SE • Washington, D.C. 20003

**Aspiring Superintendents Academy Registration**  
 Wednesday, Nov. 18, 2015  
*Pre-Conference Activity*

Aspiring Superintendents' Academy  
 Additional Fee for Academy.....\$109

◆

**Number of Additional Meal Tickets**

**Opening Night Reception**  
 Thursday, November 19  
 \_\_\_\_\_ (\$12 each)

**Founding Members Luncheon**  
 Friday, November 20  
 \_\_\_\_\_ (\$65 each)

**Annual Banquet**  
 Saturday, November 22  
 \_\_\_\_\_ (\$70 each)



# Membership Application

Please Provide Complete Information

Select One:  Renewal  New

PERSONAL INFORMATION			
Name: Prefix <u>Dr.</u> First <u>Denean</u> MI _____ Last <u>Adams</u>		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Home Address <u>6532 S. Woodlawn</u> Unit <u>1</u>		Age Level (Optional) <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input checked="" type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-Above	
City <u>Chicago</u>	State <u>IL</u>	Zip <u>60637</u>	
Home Phone <u>(630) 881-4308</u>	Fax _____	Email <u>dadams01@harvey152.org</u>	
Position/Title <u>Superintendent</u>		NABSE Commissions (Select only one) <input type="checkbox"/> Parents <input type="checkbox"/> Higher Education <input type="checkbox"/> Retired Educators <input checked="" type="checkbox"/> Superintendents <input type="checkbox"/> Administration <input type="checkbox"/> Governance in Education <input type="checkbox"/> Instruction and Instructional Support <input type="checkbox"/> Special Projects, Research & Evaluation	
School District/Organization/Company <u>Harvey School District #152</u>			
Office Address <u>16001 Lincoln Ave.</u>			
City <u>Harvey</u>	State <u>IL</u>	Zip <u>60426</u>	
Office Phone <u>(708) 333-0300</u>	Fax _____	Email <u>dadams01@harvey152.org</u>	
Name of Affiliate of which you are a member _____			
If not currently a member of an Affiliate, would you like to be contacted for membership by the Affiliate in your local area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Send NABSE correspondence to: <input type="checkbox"/> Home <input checked="" type="checkbox"/> Business			

## MEMBERSHIP TYPE (PLEASE CHECK AS APPROPRIATE)

- |   |  |
|---|--|
| <input type="checkbox"/> Corporate.....\$2,000                            | <input checked="" type="checkbox"/> Individual.....\$100 |
| <input type="checkbox"/> Institutional.....\$1,000                        | <input type="checkbox"/> Retired.....\$50                |
| <input type="checkbox"/> Life.....\$900                                   | <input type="checkbox"/> Student**.....\$20              |
| <input type="checkbox"/> Subscribing Life.....\$150 (6 consecutive years) |  |

\*\*Student membership category applicable to full-time students who are NOT employed on a full-time basis.

## PAYMENT INFORMATION

Make Payable to NABSE

Total Enclosed \$ 100

Enclosed is a:  Check  Money Order  Purchase Order # \_\_\_\_\_

I authorize NABSE to charge my:  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please print  
Cardholder's Name \_\_\_\_\_ Authorizing Signature \_\_\_\_\_

**Please Send Completed Application and Payments to:**

The National Alliance of Black School Educators  
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