

# 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): Shannon Brown

Grade/Subject/School: K-6 / Principal / Bryant

Name/Date of C/C/W: NABSE conference / Nov. 14<sup>th</sup> - 18<sup>th</sup>

Location of C/C/W: Nashville, TN

Give a tentative summary of expected expenses(s):

Registration:	\$ <u>500</u>
Travel:	\$ _____
Food:	\$ _____
Lodging:	\$ _____
Other:	\$ _____
Estimated Total:	\$ _____

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

LONG RANGE PLAN \_\_\_\_\_ GOAL \_\_\_\_\_ Explain what you desire to gain by attendance:

Professional development

<u>Shannon Brown</u> 10/3/12	<u>Shannon Brown</u> 10/3/12	_____
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: \_\_\_\_\_

CHECK REQUEST: Accounts Payable \_\_\_\_\_ Payroll 1 Imprest \_\_\_\_\_

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

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

[Signature]  
Business Manager Signature/Date

[Signature]  
Superintendent's Signature/Date

# Registration Form

## CONFERENCE REGISTRATION RATES

### EARLY BIRD SPECIAL!!!

Registrants who register by August 31, 2012 will receive a deduction of \$25.00!!

(This rate reduction does not include Single Day/Spouse and Parents Day Registration)

Membership Status*	FULL	BASIC
Individual Non-Member	<del>\$500</del>	<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"/> \$150
Student**	<input type="checkbox"/> \$215	<input type="checkbox"/> \$130
Single Day/Spouse	N/A	<input type="checkbox"/> \$150
Parents Day	N/A	<input type="checkbox"/> \$90

- 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.**

Name: Prefix Mrs. First Shannon MI M Last Brown

Position/Title K-6 Principal Badge Name (Nickname) Shannon

District/Organization/Company Harvey Schools District 152 City/State/Country Harvey IL US

Mailing Address 14730 Main St. ☐ Home ☒ Office

City Harvey State IL Zip 600426

Home Phone 708-516-1263 Fax 708-331-1390 Email sbrownm.ed@gmail.com

Work Phone 708-331-1390 Fax 708-331-1390 Email sbmbrown@harvey152.org

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

### PAYMENT INFORMATION

☐ AMEX ☐ MasterCard  
☐ VISA ☐ Money Order  
☐ Check ☐ P.O.

Registration: \_\_\_\_\_

Foundation: \_\_\_\_\_

Meal Ticket: \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Cardholder's Name (Required): \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Required for Credit Card Authorization*

### Leadership Academy Registration

Wednesday, Nov. 14, 2012

*Pre-Conference Activity*

☐ Aspiring Superintendents' Academy  
 Additional Fee for Academy.....\$99

### NABSE Foundation Contribution

☐ Diamond \$5,000 ☐ Gold (\$100)  
☐ Founders \$1,000 ☐ Silver (\$50)  
☐ Platinum \$500 ☐ Bronze (\$25)  
☐ Other: \_\_\_\_\_

### Number of Additional Meal Tickets

☐ Opening Night Reception \_\_\_\_\_ (\$10 each)  
☐ Founding Members Luncheon \_\_\_\_\_ (\$55 each)  
☐ Annual Banquet \_\_\_\_\_ (\$60 each)

Please Send Completed Application and Payments to:

The National Alliance of Black School Educators  
 310 Pennsylvania Ave., SE • Washington, D.C. 20003



# Membership Application



Please Provide Complete Information

Select One: ☐ Renewal ☐ New

## PERSONAL INFORMATION

Mrs. Shannon M Brown  
 Name: Prefix First MI Last  
 403 N. Stewart Ave.  
 Home Address  
 Lombard IL 60148  
 City State Zip  
 708-516-1263 sbrownm.ed@gmail.com  
 Home Phone Fax  
 Principal  
 Position/Title  
 Harvey Schools Dist 152/Bryant  
 School District/Organization/Company  
 14730 Main St.  
 Office Address  
 Harvey IL 60426  
 City State Zip  
 708-331-1390 smbrown@harvey152.org  
 Office Phone Fax

☐ Male ☐ Female

Age Level (Optional)

☐ 18-24 ☒ 25-34  
☐ 35-44 ☐ 45-54  
☐ 55-64 ☐ 65-Above

NABSE Commissions (Select only one)

☐ Parents  
☐ Higher Education  
☐ Retired Educators  
☐ Superintendents  
☒ Administration  
☐ Governance in Education  
☐ Instruction and Instructional Support  
☐ Special Projects, Research & Evaluation

Highest Degree earned:

Degree: masters +  
 Year Rec'd.

Are you currently a student?

☐ Yes ☒ No

If yes, what major?

College/University

Expected Graduation Date

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? ☐ Yes ☒ No

Send NABSE correspondence to: ☒ Home ☐ Business

## MEMBERSHIP TYPE (PLEASE CHECK AS APPROPRIATE)

☐ Corporate.....\$2,000  
☐ Institutional.....\$1,000  
☐ Life.....\$900  
☐ Subscribing Life.....\$150 (6 consecutive years)  
☒ Individual.....\$100  
☐ Retired.....\$50  
☐ Student\*\*.....\$20

### NABSE Foundation Participation

☐ Diamond.....\$5,000  
☐ Founders.....\$1,000  
☐ Platinum.....\$500  
☐ Gold.....\$100  
☐ Silver.....\$50  
☐ Bronze.....\$25

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

## PAYMENT INFORMATION

Make Payable to NABSE

Membership Dues \$ + Foundation Contribution \$ = Total Enclosed \$

Enclosed is a: ☐ Check ☐ Money Order ☐ Purchase Order #

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

Card Number Exp. Date

Please print

Cardholder's Name

Authorizing

Signature

Please Send Completed Application and Payments to:

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