



2010 FALL CONFERENCE

Friday-Saturday, October 1-2



Jointly Sponsored by



and



REGISTRATION FORM

Name (as it will appear on nametag) _____

Home address _____ City, State, Zip _____

Home phone (with area code) _____ Cell phone _____

Preferred e-mail(s) _____

School/Business _____ Your title _____

Work address _____ City, State, Zip _____

Work phone (with area code & extension) _____

Languages & levels you teach _____ & can teach _____

Annual AZLA Membership Dues

Please check all that apply:

- I am renewing my AZLA membership. or I would like to join AZLA as a new member.
- Regular Individual..... \$20 Married Couple\$30 Patron\$100
- Full-time Student \$10 Current Member of PAL\$10 Life Member.....\$200
- Retired Person \$10 Current Member of an AAT \$10 Which AAT? _____

I do not need to pay dues now because _____

2010 AZLA Fall Conference Fees

Friday Only Saturday Only Both Days.

Regular AZLA Member	<input type="checkbox"/> \$25	<input type="checkbox"/> \$65	<input type="checkbox"/> \$80
Retired Member	<input type="checkbox"/> \$15	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45
Student Member	<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30
Non-Member	<input type="checkbox"/> \$35	<input type="checkbox"/> \$80	<input type="checkbox"/> \$110

I request a vegetarian lunch on Saturday. I am paying \$15 for an extra lunch for _____.

Optional **Friday Soirée** at Off-Site Restaurant: \$25 (Soup or salad, entrée, dessert, beverage, tax + tip.) *Mark your entrée selection/s:*

Italian Sausage with Pasta Fettuccine Alfredo Chicken Piccata Chicken Paillard Vegetable Pasta

Scholarship

All boxes must be checked to meet the scholarship criteria.

A limited number of **\$20 scholarships** are offered to help defray conference fees. You are eligible **if:**

- you are a **regular AZLA member** (or if you are joining today) **at the \$20 level**,
- and** if you are **NOT being sponsored by a school or institution**, (i.e., you are paying by personal check) ,
- and** if you are **attending Saturday OR both days**.
- Write & include a **paragraph** explaining why you feel that attending this AZLA Fall Conference is important. ⇨
- Then deduct \$20 from your conference fees below! This is available **ONLY** until September 15th.

Total amount owed:

Annual AZLA Membership Dues: \$ _____
Conference Fees: + \$ _____ plus # _____ additional luncheons @ \$15 each
Friday Soirée: + \$ _____ # _____ dinners @ \$25 each

SUBTOTAL: \$ _____

See rules above.

Scholarship: (-\$20) -\$ _____ available **ONLY** until September 15th
Late fee: +\$20 +\$ _____ if postmarked **AFTER** September 15th

TOTAL CONFERENCE FEES: \$ _____ Check # _____ Postmark: _____, 2010

My district/institution will pay my conference fees with **PURCHASE ORDER** # _____.

*AZLA requires payment or PO **before** you attend the Conference. If we have not yet received payment, we will ask you to register & pay on site, including the late fee. Your check/cash will be held for 1 week, awaiting a PO from your institution, at which time AZLA will refund your money.



SEND THIS FORM WITH PAYMENT BY SEPTEMBER 15th TO:

Check or PO payable to **AZLA**. (We cannot accept credit cards at this time.)
kbackalukas@cox.net

Kathleen Backalukas, AZLA Treasurer
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