CLEARWATER CHRISTIAN COLLEGE
Teacher Recruitment Conference
February 9-10, 2012
REGISTRATION FORM

SCHOOL INFORMATION

School _____

Address _____

City/State _____

Telephone Number _____

REPRESENTATIVE(S) ATTENDING

(Check One)

☐ One Representative $60 **Payment Amount Enclosed** $ _____

☐ Two Representatives $75 (Deduct $5 for payment received before January 10.)
(No Refunds will be issued.)

☐ Three Representatives $85 **TABLE COVERS WILL NOT BE SUPPLIED.**

	NAME	TITLE
Dr./Mr./Mrs./Miss	_____	_____
Dr./Mr./Mrs./Miss	_____	_____
Dr./Mr./Mrs./Miss	_____	_____

- Will you need a table supplied by CCC? ____Yes ____No
- Will you need internet access? ____Yes ____No

MAILING INFORMATION E-mail Address _____

Last date for registration is January 27, 2012. Please respond as quickly as possible. We have limited space available to set up table-top displays. *Electrical outlets will be provided.* Return the Registration Form and the Participant Needs Information to: **Attention :** Lisa Dollenmayer

Guidance/Career Services
Clearwater Christian College
3400 Gulf-to-Bay Blvd. , Clearwater, FL 33759
(727) 726-1153 ext. 262/ FAX: (727) 726-8597
lisadollenmayer@clearwater.edu

OFFICE USE ONLY

Registration Received _____ Table Number _____

Payment Received Date _____ Amount _____ Check # _____

Balance/Credit due at Registration $_____ ☐ Balance ☐ Credit

Confirmation Mailed _____