



Conference on Effective Transitions in Adult Education
"Helping Adults Succeed in Postsecondary Education and Training"

November 16 - 17, 2009
Crowne Plaza at the Crossings, Providence, RI

Group Registration Form

Guidelines:

- Group rates are available for four or more attendees. The rate qualifies all attendees to a reduced group rate. To qualify, all registrations must be submitted at the same time. Please submit only one payment to cover all registrations, if possible.
- Group Registration deadline: **October 30th, 2009.**
- Please complete this form, attach as many individual registration forms as needed, include payment information and mail/fax to the address at the bottom of this page.
- Registration fee is not refundable. The fee includes access to all conference sessions, lunch and refreshments on Monday, and breakfast, lunch, and refreshments on Tuesday (vegetarian option will be available). Please register early as the conference capacity is limited.
- Participants are responsible for arranging their accommodation. Please check the [NCTN website](#) for the booking details of the conference hotel.
- Questions? Contact Priyanka Sharma at 617-385-3788 or psharma@worlded.org.

Please mail or fax the completed registration forms to:

NCTN/World Education, Inc.
Attn: Priyanka Sharma
44 Farnsworth Street
Boston MA 02210
Fax: 617-482-0617

Group coordinator information

Check here if attending the conference

Last Name: _____ **First Name:** _____

Title: _____ **Organization:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Work Phone: _____ - _____ - _____

Email (required): _____

Conference Registration Fee: **\$165 per person (after group discount)**

Number of registrants (*including you*): _____

Total amount remitted: _____

Payment Information: (Check one)

Check Checks payable to NCTN/World Education Check # _____

Purchase Order PO# _____ PO Contact Person: _____

PO Contact Address: _____

Credit Card Name: _____ Card Type:
Visa – Mastercard - AmEx

Card number: _____ Expiration date: _____



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Title: _____ **Organization:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____-____

Work Phone: ____-____-____

Email: *(required)* _____

Registration Fee:	Individual Early <i>(by 10/05/09)</i> \$180	Individual Late <i>(after 10/05/09)</i> \$195	Group <i>(attach group registration form)</i> \$165
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