



Conference Registration Form

Thank you for registering for the Spring Advisers' Conference on **Friday May 1, 2009**. We hope you enjoy our program.

(Please photocopy and send address information for **each** adviser.)

Please copy and mail this form by **April 20, 2009**.

Questions?
Call Sue Everett at
201-653-5480 or check our
Web site at www.gsspa.org

Contact Information

Adviser's Name: _____ CJE MJE

School: _____ Phone: _____

Street: _____

City: _____ County: _____ State: _____ Zip: _____

Home Address: _____

City: _____

Home Phone: _____ State: _____ Zip: _____

E-mail Address: _____

Name of Publication: _____

Type of Publication: (Check one) Newspaper Yearbook

Payment Information

Member @ \$25.00 = \$ _____

Non-Member @ \$50.00 = \$ _____

If you cannot attend but wish to be a member: @ \$25.00 = \$ _____

NOTE: The membership will only be good until October 2009. Only pay this if you're **sure** you aren't already a member, and would like to enter the summer contests.
(Call Sue Everett to confirm your status)

Total Fees Enclosed: \$ _____

Method of Payment: (Check one) Check # _____ School Purchase Order # _____

Make check payable to GSSPA and mail to: Sue Everett, 78 Lincoln St., Jersey City, NJ, 07307