



## 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](http://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