

INNOVATIONS 2005 REGISTRATION CARD

**Group Discounts are Available for the *Innovations 2005!*
(contact Judy Greenfield at greenfield@league.org for details)**

First Name	MI	Last Name	Badge Name (First Name Only)		
Title		Department	Organization (complete name)		
Address		City	State or Province	ZIP	Country
Area Code/Phone Number		Fax Number	E-Mail Address		

CLASSIFICATION

- Trustee** -Members of governing boards of postsecondary educational institutions.
- Senior Administrator** - Individuals who manage programs and persons at the direction of the Board or President/CEO (Chancellor, President, Provost, Vice President, Vice Chancellor, Dean, Principal, Regent, Superintendent).
- Faculty** (includes Librarian/Counselor) - Individuals whose usual primary workload involves direct facilitation of student learning.
- Academic Support Staff** - Individuals who directly support the teaching and learning process (Library Technician/Specialist, Instructional/Curriculum Designer, Tutor, Lab Assistant, Student Advisor).
- Supervisory Administrator** - Individuals who have mid-level supervisory responsibility (Dean, Associate/Assistant Dean, Associate/Assistant Provost, Associate/Assistant Vice President, Associate/Assistant Vice Chancellor, Coordinator, Director, Department Chair, Assistant Director/Coordinator).
- Professional Staff** - Nonfaculty professional whose support is critical to the function of the college (Web Developer, Institutional Researcher, Systems Analyst, Grant Writer, Network Administrator/Analyst, Audio Visual Specialist, Graphic Artist, Accountant, Programmer, Media Specialist, Facilities Manager, PC Specialist).
- Business/Industry Representative** - Individuals whose organizations support community college activities.
- Professional Association Staff** - Individuals in organizations that determine member needs and interests and deliver programs and services to meet those needs and interests.
- Other:** _____

CONFERENCE FEES

	On or before February 4	February 5 to March 6	Register Onsite
Board Members	<input type="checkbox"/> \$325	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450
Alliance Members	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500
Non-Alliance Members	<input type="checkbox"/> \$425	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550

Total Due \$ _____

(Make checks or purchase orders payable to *League for Innovation* or provide credit card information.)

Check One: Master Card Visa AMEX Discover P.O. # _____ I will send payment by check

Card Number _____ Expiration Date _____ Name on Card _____

MAIL: *Innovations 2005* Registration
League for Innovation in the Community College
4505 E. Chandler Boulevard, Suite 250
Phoenix, AZ 85048

Or

FAX: Fax this form to (480) 705-8201.

- Please contact me regarding special services. 