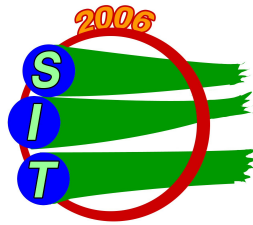


**STUDENTS
INVOLVED WITH
TECHNOLOGY
CONFERENCE**



For Students Grades 3-12

February 11, 2006

**HEARTLAND COMMUNITY
COLLEGE
MAIN CAMPUS**

Please register early, registration is LIMITED! Deadline Thursday, February 2, 2006

There is NO on site registration, NO refunds!

For more information, please visit www.sitconference.org

REGISTRATION AND STUDENT PRESENTER FORM (Please print or type)

Please register only one student (grade 3-12) or one adult per registration form. Duplicate as needed.

LAST NAME FIRST NAME MI

SCHOOL/ORGANIZATION REPRESENTING GRADE (if a student) DATE OF BIRTH M/F

HOME ADDRESS CITY ST ZIP

E-MAIL ADDRESS DAY PHONE Yes, include me in future mailings for related activities.

CHECK ONE: ___ I AM A PARTICIPANT ___ I AM A PRESENTER ___ I AM A PRESENTER(S) SPONSOR

T-SHIRTS: Adult Sizes ___ Small ___ Medium ___ Large ___ X-Large ___ XX-Large Child Sizes ___ Large	SPECIAL NEEDS: <i>Please indicate any special needs (diet/food, accessibility, etc.):</i>
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EMERGENCY CONTACT: (on February 11, 2006) : _____ Phone: _____

LIABILITY WAIVER:

As parent or guardian of the minor child named above, 1) I understand that in case of serious injury, I hereby give my permissions for emergency medical treatment, as recommended by a physician; I understand that no surgical procedure will be performed without my permission and consent; I understand that any medical expenses are my financial responsibility; and 2) I hereby release, acquit and forever discharge, member institutions, Board of Trustees, officers, employees, agents, and representatives from any and all claims, causes of actions, damages, or judgments, whether in contract or in tort, for any injuries including personal that may be incurred arising out of, or in any way connected to the child's or my own participation in the February 11, 2006, SIT Conference.

Adult/Parent/Guardian Signature:* _____ Date: _____

- **Waivers (liability and video/photography) MUST be signed, dated and on file for participation. Phone registrants MUST mail waivers no later than February 2, 2006)**

VIDEO AND PHOTOGRAPHY WAIVER:

Videotapes and photographs of Students Involved with Technology will be used for educational/promotional purposes. As a parent/guardian of the minor child named above, I give permission that he/she may be included in videotaping and photography during the February 11, 2006 conference.

Adult/Parent/Guardian Signature: _____ Date: _____

PLEASE CONTINUE REGISTRATION ON BACK

REGISTRATION INFORMATION REGISTRATION DEADLINE February 2, 2006

PRESENTATION INFORMATION (Complete ONLY if you are presenting)

PRESENTATION TITLE: _____

PRESENTATION DESCRIPTION (50 WORDS MAX): _____

PRESENTER NAME(S): _____

SPONSOR LAST NAME SPONSOR FIRST NAME SPONSOR MI

SPONSOR ADDRESS SPONSOR CITY SPONSOR STATE SPONSOR ZIP

SPONSOR PHONE # SPONSOR E-MAIL

EQUIPMENT – SIT Conference rooms will be equipped with a PC, computer projection unit, overhead projector and a screen. YOU may not install software on a SIT PC, however, arrangements may be possible for HCC to load software that you provide us by February 2, 2006 Please check one:
_____ Will use PC provided _____ Will bring my own laptop

List other equipment you plan to bring: _____

How will your presentation benefit other students attending the SIT conference? _____

METHOD OF PAYMENT:

____ Credit Card (Please circle card type) _____ Cash/Check (made payable to Illinois State University)

Visa Mastercard Discover American Express

Credit Card Number: _____ Expiration Date of Card: _____

Cardholder Name: _____ Cardholder Signature: _____

SIT CONFERENCE REGISTRATION FEE*

_____ \$15.00 Student Participant/Student Presenter/ Adult Participant/Adult Sponsor

*Conference Fee includes conference activities all day, T-shirt, snacks and lunch.
Scholarships are available based on financial need.

FAST, EASY REGISTRATION: Deadline Thursday, February 2, 2006



By Phone: (must mail waivers)
Call 800/877-1478 or 309/438-2160
with Visa, Mastercard, Discover, or
American Express
8:00 am – 4:30 pm, Monday – Friday



By Fax:
Complete the registration form and
fax to: 309/438-5364
with Visa, Mastercard, Discover,
or American Express



By Mail:
Complete the registration form and
send with payment to: SIT Conference
Illinois State University Conf. Services
Campus Box 8610
Normal, IL 61790-8610

YOU WILL RECEIVE CONFIRMATION OF YOUR REGISTRATION IN THE MAIL

For Registration Information, please contact ISU Conference Services 309.438.2160

For additional information contact: Kimberly Travers, Heartland CC 309.268.8851

www.sitconference.org

Hosted & Sponsored by the Partners of the Bloomington Normal Education Alliance: Heartland Community College, Bloomington Public Schools District 87, Illinois State University, McLean County Unit District No. 5, State Farm Insurance & the Bloomington Public Library.