

<p>STUDENTS INVOLVED WITH TECHNOLOGY CONFERENCE</p> <p>For students Grades 3-12</p>		<p>February 10, 2007</p> <p>HEARTLAND COMMUNITY COLLEGE 1500 West Raab Road Normal, Illinois</p>
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**Registration Deadline is January 17, 2007 • Register early, registration is LIMITED!
There is NO onsite 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)	M/F
HOME ADDRESS	CITY	ZIP
EMAIL ADDRESS	DAY PHONE	YES, INCLUDE ME IN FUTURE MAILINGS FOR RELATED ACTIVITIES <input type="checkbox"/>

CHECK ONE: I AM A PARTICIPANT I AM A PRESENTER I AM A PRESENTATION SPONSOR

T-SHIRTS: (CHECK ONE)

CHILD SIZES: CHILD LARGE
ADULT SIZES: ADULT SMALL ADULT MED ADULT LARGE ADULT XL ADULT XXL

SPECIAL NEEDS: (PLEASE INDICATE ANY SPECIAL NEEDS (DIET/FOOD ALLERGIES, ACCOMMODATIONS, ETC.)

EMERGENCY CONTACT: (on February 10, 2007) _____ Phone _____

LIABILITY WAIVER:

As a 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, out of, or in any way connected to the child's or my own participation in the February 10, 2007 SIT Conference.

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

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 10, 2007 conference.

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

***Waivers (Liability and Video/Photography) MUST be signed, dated and on file to participate in the 2007 SIT Conference. Waiver forms MUST be received by ISU Conference Services no later than January 17, 2007.**

PLEASE CONTINUE REGISTRATION FORM ON BACK

REGISTRATION AND STUDENT PRESENTER FORM, CONTINUED

REGISTRATION DEADLINE **JANUARY 17, 2007**

PRESENTATION TITLE:			
PRESENTATION DESCRIPTION (50 WORDS MAX):			
PRIMARY PRESENTER NAME:			
ADDITIONAL PRESENTERS:			
SPONSOR LAST NAME	SPONSOR FIRST NAME	SPONSOR MI	
SPONSOR ADDRESS	SPONSOR CITY	SPONSOR STATE	SPONSOR ZIP
SPONSOR PHONE	SPONSOR EMAIL		
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 3, 2007.			
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) **VISA MASTERCARD DISCOVER AMERICAN EXPRESS**

Credit Card Number: _____ **Expiration Date of Card:** _____

Cardholder Name: _____ **Cardholder Signature:** _____

Check (Payable to Illinois State University)

Cash (Do NOT mail cash payments)

SIT CONFERENCE REGISTRATION FEE*:

_____ **\$18.00** Student Participant/Student Presenter/Adult Participant/Adult Sponsor

*Conference Fee includes conference activities all day, conference shirt, snacks and lunch.

Scholarships are available based on financial need.

FAST, EASY REGISTRATION: Deadline January 17, 2007

Paying by Credit Card? Register online, by phone, by FAX, by Mail or in person

Online: *(must mail waivers)* Visit the SIT Conference Home Page and click on **Conference Registration**

By Phone: *(must mail waivers)* Call 800-877-1478 or 309-438-2160 with VISA, Mastercard, Discover, or American Express

By FAX: Complete the registration form *and* sign waivers, then FAX forms to 309-438-5364

Paying by Check, Money Order or Credit Card?

By Mail: Complete the registration form *and* sign waivers, then *mail forms with payment to:*
SIT Conference, Illinois State University Conference Services
Campus Box 8610, Normal, IL 61790-8610

YOU WILL RECEIVE CONFIRMATION OF YOUR REGISTRATION BY MAIL
For Registration Information, please contact: **ISU Conference Services at 309-438-2160**
For Additional Information, please contact: **Deb Wylie, Illinois State University at 309-438-2937**

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, Olympia Schools, State Farm Insurance and Bloomington Public Library