



Students Involved with Technology Conference

February 10, 2018

www.sitconference.org

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Register early. Registration is LIMITED! Registration Deadline is January 12, 2018 for mailed registrations. January 21, 2018 at noon for online registrations. There is NO on-site registration and NO refunds!

Location you are registering for: (check one)

- Arlington Heights** Westgate Elementary
 Bensenville Blackhawk Middle School
 Berwyn Heritage Middle School
 DeKalb DeKalb High School
 Jonesboro Jonesboro Elementary

SIT conference registration fee is \$30.00 for Participant, Presenter or Presentation Sponsor.

Conference fee includes conference activities all day, conference shirt, snacks and lunch. Scholarships are available based on financial need; please contact info@sitconference.org or 309.828.7115. A registration confirmation will be e-mailed to you upon receipt of your registration and payment. A \$10.00 processing fee will be charged for registrations cancelled prior to January 12. No refunds will be issued after the deadline. Persons NOT registered for the conference will NOT be allowed to enter a conference site. There is NO on-site registration and NO attendee substitutions.

Registration Form

Please register only one person per registration form. Duplicate as needed.

- Check one:** I am a Participant (grades 3-12) (Complete Section 1) I am a Presenter (grades 3-12) (Complete Section 1 and 2) I am a Presentation Sponsor (adult) (Complete Section 1 and 2)

Section 1: Registration Information (To be completed by ALL Participants, Presenters, and Presentation Sponsors)

Last Name _____ First Name _____

Male Female School/Organization Representing _____ Grade _____

Home Address _____ E-mail Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Emergency contact on Feb. 10 _____ Emergency contact phone _____

T-shirt (check one): adult small adult medium adult large adult x-large adult xx-large

Lunch choice (check one): ham sandwich turkey sandwich veggie sandwich

Special Needs (Please indicate diet/food allergies, special accommodations, etc.) _____

Section 2: Presentation Information (To be completed by ALL Presenters and Presentation Sponsors)

Presentation Title _____

Presentation description (50 words max): _____

Primary Presenter's name (student) _____

Additional Presenter's name (students) _____

Presentation Sponsor's name* (adult) _____

*All Presentation Sponsors and additional Presenters **MUST** complete an individual registration form just like Presenters.

*All Presenters **MUST** have a Sponsor!

I (we) am (are) willing to give this presentation more than once: Yes No

Targeted Age Groups for the presentation: Any Age Grades 3 -5 Grades 6-8 Grades 9-12

Your presentation information must be complete in order for your registration to be processed.

Parental 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 permission 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; 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, 2018 SIT Conference; and 3) I give permission that the child may be included in videotaping and photography used for education/promotional purposes.

Adult/Parent/Guardian Signature _____ Date _____

Without a signed parental waiver on file, persons in grades 3-12 will not be allowed to participate in the February 10, 2018 conference!

- Yes, I am interested in providing assistance for another student in need. I would like to donate the following to help a student be able to attend the conference:
- \$10 \$15

Registration Options and Payment Method



By Phone: (800) 877-1478 or (309) 438-2160 using VISA, MasterCard, Discover, American Express
8:00am-4:30pm, M-F



By Mail: Complete registration form and send with payment to:

SIT
Illinois State University Conference Services
Campus Box 8610 | Normal, IL 61790-8610



Online: Visit www.conferences.illinoisstate.edu/SIT using Visa, MasterCard, Discover, or American Express



By Fax: Fax completed registration form to 309-438-5364 with credit card payment or copy of signed purchase order

Check enclosed for \$ _____ (payable to Illinois State University)

Purchase Order # _____

Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____ CVV# _____

Signature on card _____

**For registration questions please call Illinois State University Conference Services at:
(800) 877-1478 or (309) 438-2160**

**For more information, please visit www.sitconference.org, e-mail info@sitconference.org,
or call Tammi Lapinski at 309.828.7115**

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