



Students Involved with Technology Conference

8:30 AM - 2:00 PM | February 9, 2019

www.sitconference.org

Register early. Registration is LIMITED! Registration Deadline is January 16, 2019 for mailed registrations. January 23, 2019 at noon for online registrations. There is NO on-site registration and NO refunds after the January 16 deadline.

Location you are registering for: (check one)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Lake Forest
Deer Path
Middle School | <input type="checkbox"/> Bensenville
Blackhawk
Middle School | <input type="checkbox"/> Berwyn
Heritage
Middle School | <input type="checkbox"/> DeKalb
DeKalb
High School |
|---|---|---|---|

SIT conference registration fee is \$30.00 - \$40.00 depending on registration type.

Conference fee includes conference activities all day, conference shirt, snacks and lunch. Scholarships are available based on financial need; please contact sitconference1@gmail.com. A registration confirmation will be e-mailed to you upon receipt of your registration and payment. A \$15.00 processing fee will be charged for registrations cancelled prior to January 16. No refunds will be issued after January 16. Persons NOT registered for the conference will NOT be allowed to enter a conference site. here is NO on-site registration and NO attendee substitutions.

Registration Form

Please register only one person per registration form. Duplicate as needed. Limit ONE Sponsor per presentation. Additional adults will need to register as Adult Participant and there is limited space for adults.

Check one:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> I am a Presenter
(grades 3-12)
(Complete Section 1 and 2)
Cost: \$30.00 | <input type="checkbox"/> I am a Presentation
Sponsor (adult)
(Complete Section 1 and 2)
Cost: \$30.00 | <input type="checkbox"/> I am a Participant
(grades 3-12)
(Complete Section 1)
Cost: \$30.00 | <input type="checkbox"/> I am an Adult Participant
(Complete Section 1)
Cost: \$40.00 |
|---|--|---|---|

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. 9 _____ 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 food allergies, medical conditions, or special accommodations) _____

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.

Please note: There is a maximum of 4 presenters per presentation.

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 9, 2019 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 9, 2019 conference!

Donation (optional):

- 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 Other amount \$ _____

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.sitconference.org 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 or e-mail sitconference1@gmail.com.

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Hosted and 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, Illinois State Board of Education, and State Farm Insurance.