



REGISTRATION FORM

CEL + NCTE Member NCTE Member Nonmember

Member No. _____

Please print or type your name as you wish it to appear on your nametag.

Name _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Institution _____

Home Phone _____ Work Phone _____

Email _____

Do you have dietary restrictions?

None Vegetarian Vegan

Allergies: _____

Other: _____

Do you require special assistance?

Hearing Sight

Other: _____

If you require special assistance, our logistics team will be in contact with you prior to the institute for more information and to make special arrangements as needed. You may also contact CEL/NCTE directly at 800-369-6283 or CEL@ncte.org.

INSTITUTE FEES

CEL/NCTE Member \$100

NCTE Member \$125

Nonmember \$150

Total Fees \$ _____

Registration will be available only through September 20, 2017 and will not be offered on location.

Refund requests must be made before September 20, 2017. A processing fee of \$25 will be charged on all refunds.

**For more information, visit:
www.ncte.org/cel/institute**

PAYMENT

All fees must be submitted in US funds.

Check (payable to NCTE)

Purchase Order (must be accompanied by Registration Form)

Charge: MasterCard VISA Discover

Account Number _____

Expiration Date _____

Your signature, authorizing charge. NOTE: Your signature also authorizes NCTE to charge the correct total amount in case of error in addition.

Return completed forms and fees to:

**CEL Regional Institute Registration
National Council of Teachers of English
1111 W. Kenyon Road
Urbana, IL 61801-1096**