

**REGISTRATION**  
**15th Annual TCES Science Leadership Symposium**  
**January 13-15, 2010**  
**YO Resort, Kerrville**

Print, complete, and send registration form and payment to:  
**Texas Council of Elementary Sciences**  
**c/o Deborah Rang, TCES president**  
**7212 Teaberry Drive**  
**Austin, TX 78745**  
Please print clearly

Name \_\_\_\_\_

School/Institution: \_\_\_\_\_

District: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

ESC Region \_\_\_\_\_

Gender (needed for room assignments): \_\_\_\_\_ M \_\_\_\_\_ F

E-mail Address: \_\_\_\_\_

**Important:** Please note that all conference correspondence will be done by e-mail. District spam filters may block important e-mails.

This Symposium is open to members of TCES. If not a current member, please include the \$10 membership fee.

**NO registration form will be accepted unless accompanied by check, money order, or PO.**

Membership Fee:

<input type="checkbox"/> new <input type="checkbox"/> renewing	\$ 10.00
Current member	\$ 0

Symposium Registration Fee:

Symposium (Covers cost of lodging, meals, and materials)	\$225.00
Symposium ( If registering after 12/20/11)	\$250.00

Total Amount Enclosed: \$ \_\_\_\_\_

**No refunds after January 6, 2012.**

Please note any dietary preferences/restrictions? \_\_\_\_\_

√ Check all that apply to your school/job setting:

\_\_\_\_\_ Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High \_\_\_\_\_ Informal Institution

The grade levels served by my school: \_\_\_\_\_

I am a/an: Classroom teacher at grade(s) \_\_\_\_\_

\_\_\_\_\_ Science Specialist \_\_\_\_\_ Special Ed. Teacher \_\_\_\_\_ ESL/Bilingual teacher

\_\_\_\_\_ Informal Science Educator \_\_\_\_\_ Fine Arts teacher \_\_\_\_\_ Consultant

\_\_\_\_\_ Supervisor/Administrator \_\_\_\_\_ College/University educator \_\_\_\_\_ Pre-service teacher

Other \_\_\_\_\_

√ How long have you been a member of TCES?

\_\_\_\_\_ First time \_\_\_\_\_ 1-2 years \_\_\_\_\_ 3-4 years \_\_\_\_\_ 5-7 \_\_\_\_\_ 8-11 years \_\_\_\_\_ 12-15 years \_\_\_\_\_ 15+ years

√ Please indicate how many TCES Symposiums you have attended

\_\_\_\_\_ This is my first Symposium \_\_\_\_\_ 1-2 \_\_\_\_\_ 3-4 \_\_\_\_\_ 5-7 \_\_\_\_\_ 8-12

√ Would you be interested in serving as an Area Director or running for a TCES office in future elections?

\_\_\_\_\_ Yes, contact me. \_\_\_\_\_ I would like more information before answering. \_\_\_\_\_ No \_\_\_\_\_

**Receipt of registration form will be acknowledged via e-mail.** If you submit a registration form but receive no acknowledgement, contact **drangtces@yahoo.com**

**Space is limited to 100 participants.** Therefore, **NO ON SITE REGISTRATION.**

**Symposium price is based on double occupancy with each participant in a private room within the condo. If you have a preferred roommate, please indicate.**

---