

Registration Form

First name _____ Last name _____

Title _____ Organization _____

Position _____

Mailing address _____

Zip/Post code _____ Country _____

Telephone _____ Fax _____ Email _____

Participants: Please check all events you wish to attend.

- Main Conference - October 8-10 (\$295 for ITC members, \$330 for nonmembers) \$ _____
- Invited workshops - October 8th (\$50 for conference registrant, \$100 for non-conference registrant) \$ _____
AM choice 1st ___ 2nd ___ PM choice 1st ___ 2nd ___ (see page 2 and web site for workshop information)
- Historic Tour of Colonial Williamsburg (1hr 30 min) - evening of October 8th (\$10) \$ _____
- Dinner and Reception - October 9th (\$35) \$ _____
- Colonial Williamsburg one-day pass – October 10th (\$30) \$ _____

Accompanying person(s) if known at this time:

- Welcome Wine and Cheese reception October 7th
- Historic tour of Colonial Williamsburg (1hr 30 min) - October 8th (\$10 each additional person) \$ _____
- Dinner and Reception - October 9th (\$35 each additional person) \$ _____
- Colonial Williamsburg one-day pass – October 10th (\$30) \$ _____

Total registration, special events, and additional person charges \$ _____

Special requirements: Please indicate any special dietary, or disability issues that we should be aware of

Payment

- I enclose a check for US\$_____, payable to **the College of William and Mary**.
- Please charge my Credit Card the sum of US\$_____.
- Card Type: Visa MasterCard Card number _____ Expiration Date ____/____
Cardholder/Authorized user name _____
Authorized signature _____
Credit card billing address if different from above: _____

Zip/Post code _____ Country _____

Send form and payment to: ITC Conference
Center for Gifted Education
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