

# INNOVATION EXCHANGE

## Registration Information

Please complete this form if you plan to pay by check or purchase order. To finalize the registration process, email a copy of this form and your purchase order or check to [jill\\_sangalis@nobl.k12.in.us](mailto:jill_sangalis@nobl.k12.in.us). Checks and purchase orders should be made payable to *Noblesville Schools*. **Your registration will not be complete without both the form and the payment. Once received, attendees will be emailed an invitation to register online through Eventbrite.**

Checks should also be mailed to:

Noblesville Schools  
C/O Innovation Exchange  
Attention: Jill Sangalis  
18025 River Road  
Noblesville, IN 46062

## Pricing Information

- Early Bird Rate - \$20 (March 1, 2017)
- Regular Rate - \$25 (June 7, 2017)
- Group Rate (5 or more registrations) - \$5 Discount (June 7, 2017)

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\* Indicates required information

First Name \* \_\_\_\_\_

Last Name \* \_\_\_\_\_  
\_\_\_\_\_ I am attending the conference.

\_\_\_\_\_ I will not be attending the conference.

School Corporation or Organization \* \_\_\_\_\_

Email Address \* \_\_\_\_\_

Contact Phone Number \* \_\_\_\_\_

Billing Address \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Tickets \_\_\_\_\_

Ticket Rate \_\_\_\_\_ Early Bird Rate - \$20 (March 1, 2017)

\_\_\_\_\_ Regular Rate - \$25 (June 7, 2017)

\_\_\_\_\_ Group Rate (5 or more registrations) - \$5 Discount (June 7, 2017)

Check or PO Number \* \_\_\_\_\_

Accounts Payable Contact Name \* \_\_\_\_\_

Accounts Payable Contact Email \* \_\_\_\_\_

Additional Promotion Code \_\_\_\_\_

Total Amount \* \_\_\_\_\_

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## Other Conference Attendees:

Please complete this section if you are purchasing tickets for other attendees.

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

# INNOVATION EXCHANGE

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

First & Last Name \* \_\_\_\_\_

Email\* \_\_\_\_\_

(Note: If you have more than 12 attendees, please copy the above form and send in your additional attendee information.)