

Completed registration materials are required to process your group's registration. Complete registration materials include Group Registration Form, Group Participation List, and your deposit check. Please Print/Type (available online at www.sadd.org)

School/Organization Name: _____ SADD Advisor/Group Contact Person: _____

School/Organization Address: _____

City: _____ State: _____ Zip: _____

School/Organization Phone: (____) _____ School Fax: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

Closest Major Airport _____ Will all members of this group fly out of the same airport? Yes No

If no, please attach a listing of the closest major airport for each registrant.

Will all members of this group be arriving in Boston, Massachusetts, on July 14 and departing on July 17? Yes No

If no, please indicate your group's arrival and departure dates.

School/Organization Registration and Payment Schedule

1. Number of Ground Packages at the subsidized price: # of students _____ x \$475.00 = \$ _____

of adults _____ x \$500.00 = \$ _____

2. Number of Ground Packages at full price: # of students _____ x \$639.00 = \$ _____

of adults _____ x \$738.00 = \$ _____

3. Number of Air Packages at subsidized price: # of students _____ x \$675.00 = \$ _____

of adults _____ x \$700.00 = \$ _____

4. Number of Full Price Air Packages (circle the correct air zone) Zone 1 2 3 4 5 6 7 8

Refer to package pricing listing to complete this section.

of students _____ x \$ _____ = \$ _____

of adults _____ x \$ _____ = \$ _____

5. Room Supplements: Single room # of registrants _____ x \$300.00 = \$ _____

Double room # of registrants _____ x \$ 99.00 = \$ _____

Triple room # of registrants _____ x \$ 40.00 = \$ _____

6. Additional night(s): # of room(s) _____ x # of night(s) _____ x \$150.00 = \$ _____

Please list names of registrants requesting room supplements. _____

Please indicate the dates of the additional nights. _____

7. Service Learning: The _____ school/organization would like to participate in the Service-Learning project and understands the project is limited to the first 100 participants signing up.

We have _____ participants. (*Sign up for an extra night. Go to www.sadd.org for details. Participants will be notified by e-mail.*)

8. Post-Conference Tours (*An additional night at the hotel is required*) # of registrants _____ x \$ 38.00 = \$ _____

Mark priority (1,2,3,4) ___ Whale Watch ___ Plimoth Plantation ___ Salem Witch Tour ___ Cambridge/Lexington/Concord

★ There is a minimum of 30 participants for the Whale Watch, Cambridge/Lexington/Concord (Orchard House) Tour, and Plimoth Plantation Tour; and a minimum of 35 participants for the Salem Tour. If the minimum is not met for your first choice, you will be placed on one of your other tour choices. Every effort will be made to provide you with your first choice.

9. Late Registrants (*after April 14, 2006*) must pay an additional fee: \$35.00 x # of registrants _____ = \$ _____

10. **Total Amount Due** (*If registering after April 14, pay total including late fee with the registration.*) Add all lines \$ _____

11. Less Deposit – **Deposit is due April 14** (Include completed registration materials) # of registrants x \$100.00 = \$ _____

12. Subtract deposit from total due. **Balance is due on May 12, 2006** = \$ _____

PAYMENT Mark form of payment enclosed. Make checks payable to WorldStrides. Personal Check School/Organization Check

MasterCard Visa Discover American Express Charge Card # _____ Expiration Date: _____ / _____

Name as it appears on credit card: _____ Cardholder Signature: _____

All payments are final and nonrefundable. Space is limited. Registrations may be refused if maximum capacity is reached.

Make copies as needed. Be sure to submit information for all group members.

School/Organization Name: _____ SADD Advisor/Group Contact Person: _____

List every person in your group.

Legal Name : _____ Year in School Fall 2006 (circle one): 7 8 9 10 11 12 13 14
 Gender (circle one): Male Female Adult/Student (circle one): Student Advisor State Coordinator Adult Chaperone Other Adult
 Name on Name Badge: _____ School: _____
 Home Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: (____) _____
 E-mail: _____ Do you want to be included on the Participant List? Yes No
 Special Physical/Dietary Needs? _____ Are you a vegetarian? Yes No
 T-Shirt Size: Small Medium Large X Large Other: _____

MEDIA PERMISSION Photographs and videotape are taken during the conference. These images may be used during the conference and/or in future SADD promotional efforts. If you allow SADD to photograph or videotape your son/daughter, you **DO NOT** need to complete the next section.

I do not want my son/daughter, _____ photographed or videotaped during the SADD National Conference for use in SADD materials or productions.

Parent/Guardian Signature: _____ Date: _____

Legal Name : _____ Year in School Fall 2006 (circle one): 7 8 9 10 11 12 13 14
 Gender (circle one): Male Female Adult/Student (circle one): Student Advisor State Coordinator Adult Chaperone Other Adult
 Name on Name Badge: _____ School: _____
 Home Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: (____) _____
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