Southwestern Association of Episcopal Schools
2007 Conference
November 8-10, 2007

Registration Form

REGISTRATION INSTRUCTIONS

Registration includes Thursday Opening Service and buffet reception; Friday breakfast, lunch, keynote with Dr. Eliot, on-site workshops; Saturday breakfast, and keynote presentation by Connie Podesta.

1. **Photocopy this form and return one completed registration form for each registrant. Make checks payable to SAES.**
2. **Complete all sections; please print or type. The information will be used for all conference correspondence and name badges.**
3. **Mail or fax to:** **SAES**
   1420 4th Avenue, Suite 29
   Canyon, TX 79015
   (806) 655-2426 (Fax)

Register on-line at www.swaes.org

HOTEL INFORMATION

Hotel accommodations are the responsibility of the participant and the cost is NOT included in the registration fee. Guests identifying themselves with SAES will receive a special **$121.00** room rate. This special room rate is available until **October 16, 2007.** Guests may also make reservations online at:

www.starwoodmeeting.com/Book/San05

The Westin Galleria
5060 West Alabama
Houston, TX
Phone: (713) 960 -8100

CONFERENCE MEALS

Please indicate attendance – cost included with registration.

____Thursday Reception ____ Friday Breakfast
____ Friday Lunch ____ Saturday Breakfast

REGISTRATION FEES

Postmarked **by** October 8, 2007……	$250.00
Postmarked **after** October 8, 2007……	$275.00
Pre-Conference Events **ONLY**……	$150.00
(*postmarked **after** October 8, 2007)*……	$175.00
Pre-Conference Events & Full Conference……	$350.00
(*postmarked **after** October 8, 2007)*……	$375.00
Presenter Registration Fee…… *(up to 4 Presenters per school)*	$150.00

TOTAL AMOUNT ENCLOSED $_____

REFUND/CANCELLATION POLICY

Written requests for refunds must be postmarked no later than **October 8, 2007** and will be subject to a nonrefundable $50.00 processing fee. *Cancellation requests by telephone cannot be accepted.* All cancellations received after October 8, 2007 will be charged the full registration fee.

To make a refund request, write or fax to:

SAES **Fax: (806) 655-2426**
1420 4th Avenue, Suite 29
Canyon, TX 79015

REGISTRATION INFORMATION

First Name _____ Last Name _____

Title _____

School Name _____

School Address _____

City _____ ST _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Please check if you are a Conference Presenter _____

Please check if Group Rate applies _____

PRE-CONFERENCE EVENTS

Thursday, November 8 – 9:00 a.m. - 5:00 p.m. **Cost: $150.00**

ISM Workshops

____Moving Beyond the Merely Good
____The Role of the Division Head in Private/Independent Schools
____Maximize Your Annual Fund: It's your platform for Major Gifts

Other Pre-Conference Workshops

____Strategic Performance Appraisal
_____Soul Searching: An Exploration of the Informed Use of Sacred Text

Total Amount _____

WORKSHOP SESSIONS

Sessions will be filled on a first-come, first-served basis. When indicating your choice, please use the Workshop Session number from the workshop description sheet included in this brochure. Please provide two choices for each session.

Workshop Session I - Friday, November 9 - 9:45 a.m. - 10:45 a.m.

First Choice _____

Second Choice _____

Workshop Session II - Friday, November 9 - 11:00 a.m. - 12:00 p.m.

First Choice _____

Second Choice _____

Workshop Session III - Friday, November 9 - 1:30 p.m. - 2:30 p.m.

First Choice _____

Second Choice _____

Workshop Session IV - Friday, November 9 - 3:00 p.m. - 4:00 p.m.

First Choice _____

Second Choice _____