

REGISTRATION FORM – TEAM MEMBER

SCHOOL TURNAROUND CONFERENCE

Name (as it appears on your license):

Date of Birth (for flight arrangements 00/00/00):

Gender:

Cell Phone (necessary for travel):

Please include full name as it appears on your ID and your birth date for flight arrangements.

School:

School Phone:

School Address:

Email:

School Position:

Emergency Contact:

Name:

Phone:

Address:

Flight Information

Departing Airport:

Window Seat ☐

Aisle Seat ☐

- Dietary Restrictions:
- Medical/Physical Needs:
- Other Restrictions:

Once your attendance is confirmed by returning the enclosed form, we will contact you directly about travel arrangements which we will make for you. Should you have any travel restrictions or special requests, please note them on the enclosed sheet or contact Megan at (518) 797-3783.

Registration Forms due to School Turnaround ASAP
Email to mcaswell@rinstitute.org or fax to 585-625-3698.