Smoky Valley High School
Student Technology Conference
TEACHER Registration Form
November 6, 2006
***NOTE: This form is for teachers who wish to attend the keynote address and half day in service with Alan November ONLY!**

Please provide the following contact information:

School Name or Home School:

Mailing Address:

Phone:

E-Mail:

Please print clearly or type. Please use multiple pages as needed.

LIST ALL TEACHERS ATTENDING!

Last Name	First Name	School

_____# TEACHERS attending @$25.00

_____Total Due – Make checks payable to
SVHS Student Technology Conference
Please return this form with your payment

SVHS Student Technology Conference
#1 Viking Blvd
Lindsborg, KS 67456
FAX: 785.227.2900