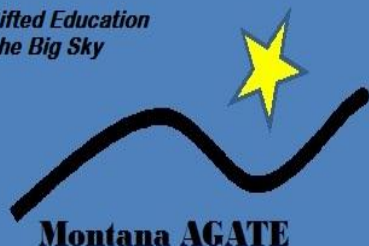


Taking Gifted Education
Beyond the Big Sky



Montana AGATE

Gifted and Talented Education

32nd Annual Montana AGATE Spring Conference

“Taking Gifted Education Beyond the Big Sky”

Thursday, April 12 – Saturday, April 14, 2012

www.mtagate.org

Hilton Garden Inn, 2520 14th Street SW, Great Falls, Montana 59404

Call (406) 452-1000 to make hotel reservations.

**** Ask for the AGATE rate! ****

**** Please reserve hotel rooms by March 21 for best options! ****

AGATE Rates are also available at the Hampton Inn

Questions? Contact Mary at (406) 268-6642 or mary_rearden@gfps.k12.mt.us
or contact Darci at (406) 360-7768 or agsnmt@msn.com

Superintendent & School Board Member Fee Waiver Form

National Speakers: Marcia Gentry, Brian Houssand, and James Webb

**** ** Please Print Neatly! Thank you ☺ ** ****

This year, in an effort to reach out to district-level decision makers, Montana AGATE is offering registration fee waivers to any Superintendent or School Board member interested in attending the AGATE Spring conference in Great Falls, April 12-14, 2012.

Please complete and submit this form **postmarked by April 4, 2012**. Mail the completed form to:

Montana AGATE

c/o Kathy Dunn

3814 Poker Flats Rd.

Great Falls, MT 59405-1144

Registration Questions?

Contact Kathy Dunn at: (406)452-6191 (home)

(406)781-8606 (cell)

kathydunn@att.net

****Missed the deadline? Call Kathy Dunn to check availability of space****

In order for our Registration Chair to have accurate attendee information prior to the conference, late submissions by mail will not be accepted, however you can walk in and register on-site with this form in hand.

The fee waiver covers the registration cost for the conference and a one-year membership in AGATE. You are responsible for your transportation and hotel costs, plus meals not provided by the conference.

*These fee waivers are **ONLY** available for currently-employed school district Superintendents and currently-seated School Board members. Please be honest about your status as such. ☺*

Name: _____ Title _____

Mailing Address: _____

Work Phone Number: _____ Home Phone Number: _____

Email Address: _____

District in which you are Superintendent or a School Board Member: _____

I have food allergies: _____

Region: (circle one)

I

II

III

IV

V

(Please verify your county's Region. (East)

(North Central)

(South Central)

(Southwest)

(Northwest)

If you know your CSPD Region, they are the same. If you don't know your Region, please provide your county _____

What type of registration fee waiver are you requesting?

Three-day Waiver (Thursday, Friday, Saturday)

Two-day Waiver (Thursday & Friday)

One-day Waiver (Thursday)

One-day Waiver (Friday)

Two-day Waiver (Friday & Sat.)

One-day Waiver (Saturday)