

2009 Syfr Summer Retreat

Registration Form

The Brain, The Classroom, The Connection
July 19 – 22, 2009 @ Lost Pines Resort – Austin, Texas

Please complete all three pages and fax the form to 360.314.6153
We will send you a confirmation invoice with payment instructions.

◆Contact Information

Ms. Mrs. Mr. Dr.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Title: _____ School: _____

School District/Organization: _____

Phone: _____ Fax: _____ E-Mail: _____

◆Guest Information

We encourage you to bring your family and/or a guest. The guest fee is \$450 to cover meal costs. Your guest is invited to attend any seminar sessions they choose at no additional charge.

Guest's Name: _____

◆Lodging Information

The registration fee includes three nights lodging* at the Lost Pines Resort in Lost Pines, Texas, arriving on July 19, 2009 and departing on July 22, 2009. Syfr Corporation will make your hotel reservations for the nights of the retreat. If you have any questions about your reservation please contact Syfr Corporation directly at 360.694.8071, Ext 3.

Lost Pines Resort welcomes you to stay additional nights before and/or after the retreat at a discounted room rate, depending on availability. Please make reservations for extra nights through Syfr by indicating the additional dates you would like to stay at the Lost Pines below. We will contact you with pricing and confirmation information.

Additional dates requested: _____

No Hotel Room Required – *If you live in the Austin area you may choose to drive in daily rather than stay at the hotel. Full-day sessions will start at 7:30 a.m. with breakfast and end around 9:30 p.m. If you choose this option, your registration fee will be reduced by \$525.

◇Payment & Billing Information

Registration Fee is \$1,975.

The following discounts may apply.

\$50 Off per Registrant, when registering in-groups of three or more attendees from the same school district.

Name of Other Participants:

\$175 Off per Registrant Double Occupancy Rooms

Name of Registered Roommate:

This fee is all-inclusive and covers costs for all sessions, lodging, and meals. It also includes materials sent to all attendees prior to the retreat, as well as access to web media resources after the retreat.

Syfr will email you an itemized invoice after we receive your registration form. The invoice will include payment instructions as well as our cancellation/refund policy. You can also view our cancellation/refund policy on our website at www.syfrcorp.com.

How will you pay for your bill?

- Bill me directly for the entire amount.
- Bill my school district for the entire amount.
- Bill my school district for the registration fee and bill me for the guest fee.

District Contact: _____

District E-mail: _____

District Phone: _____

Please Choose Your Payment Options:

- Credit Card (we will call you to collect card info)
- Check/Money Order
- Purchase Order #: _____
- Other: _____

◆Special Requests

Please let us know if you have any special dietary, ADA, or religious requests and we will do everything we can to accommodate them. Please let us know in advance!

Please fax the completed form to 360.314.6153. Thank you!