

Pre-Registration Form (Please print neatly in blue or black ink)

Pre-registration must be postmarked or faxed by April 15.

MAIL this form with check or credit card payment to:

John Balbi
NYS TESOL, Box 185
Teachers College, Columbia University
525 West 120th Street
New York, NY 10027

FAX this form with credit card payment to:
(212) 678-3428 , ATTN: John Balbi



The 28th Annual
NYS TESOL
Applied Linguistics Conference

**Research-Based Methods:
 Developing Competencies**

Plenary Speaker: Lorena Llosa
**“Defining Language Ability: The Role of ESL
 Standards for Assessment and Instruction”**

Saturday, April 29, 2006
Teachers College, Columbia University

Breakfast, lunch and wine & cheese reception included.

Visit our website for more information
<http://www.nystesol.org>

1 CONTACT INFORMATION

Last Name: _____
 First Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone: _____
 Email: _____
 School, College, or Organization: _____

2 CALCULATE FEES

Conference Registration

Please check:

- | | |
|--|--|
| Pre-registration | On-site Registration |
| <input type="checkbox"/> \$25 Student | <input type="checkbox"/> \$30 Student |
| <input type="checkbox"/> \$40 Member | <input type="checkbox"/> \$45 Member |
| <input type="checkbox"/> \$50 Non-member | <input type="checkbox"/> \$55 Non-member |

Membership Registration

Please check:

- \$40 Individual Membership, 1 Year
- \$35 Part-time Instructor, Adjunct
- \$20 TESOL Student*, Aide, Teacher Assistant, Paraprofessional, Retiree

**Students are required to provide verification of minimum of half-time study. Please provide the information requested below. Participation is limited to 3 years.*

Faculty Name: _____
 Faculty Signature: _____
 Faculty Title: _____
 Institution: _____
 Address: _____
 City, State, Zip: _____
 E-mail: _____

Please check:

- Renewal New Member

Special Interest Groups (SIGS)

Regions

- | | |
|---------------------------------------|-----------------------------|
| A ESOL in Adult Education | B Buffalo |
| B ESOL in Bilingual Education | C Capital District |
| E ESOL in Elementary Education | H Hudson Valley |
| H ESOL in Higher Education | L Long Island |
| L Applied Linguistics | N New York City |
| S ESOL in Secondary Education | R Rochester/Syracuse |
| T Teaching English Abroad | |

Please choose

_____ 1st Choice SIG (Vote, hold office, information) _____ Region

_____ 2nd Choice SIG (Information only)

3 METHOD OF PAYMENT Please print clearly in black or blue ink

\$ _____ **TOTAL** Check # _____



Please make your check payable to:

NYS TESOL

Credit Card #

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Expiration Date:

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MONTH

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YEAR

Signature of Cardholder: _____