



In the space below list the name(s) of attendee(s) for each person covered with this payment. Include contact information for the first person listed. If payment is for more than four teachers, please attach a list of **all** attendees and their email for which this payment covers.

Name(s)	Email(s)	Thur. School visit
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No
		Yes / No

School Organization (if applicable): _____

Address: _____

Phone: _____ Email: _____

FEES: Conference Costs \$375 (if postmarked **before July 15**) or \$400 after July 15
Optional Thursday school visits = \$45

EVENT Conference Costs	AMOUNT prior to July 15	Number of People	Subtotal
Individual	\$375	X _____ =	
School group of 5 to 9	\$340	X _____ =	
School group of 10 or more	\$320	X _____ =	
Presenter	\$375	X _____ =	
School Visits	\$45	X _____ =	

Check Number: _____

Amount: _____

PLEASE SEND YOUR CHECK WITH THIS PAYMENT FORM PAYABLE TO **Progressive Education Network** TO:

**PEN Conference Registration
Hubbard Woods School
1110 Chatfield Road
Winnetka, Illinois 60093**