PAIDEIA CONFERENCE REGISTRATION FORM **Participant Information** First and Last Name Home Mailing Address Email Address School and School District or Organization Name Teaching Position (grade/subject) or Organization Title **Registration Fee** (check one) ___ \$50 (received by July 1, 2014) _ \$65 (received after July 1, 2014) __ \$25 Student Rate Method of Payment (check one) __ Check enclosed, payable to Augsburg College – Paideia Program ___ Credit Card charge (fill out the information below) ____ Visa ____ MasterCard Name on Credit Card Credit Card Number Expiration Date (mm/yyyy) _____ CVV (3-digit Code on back) ____ Signature