

SISPA WINTER CONFERENCE PRE-REGISTRATION FORM

Pre-registration must be postmarked by Feb. 1, 2020.

School Name:		
School Address:		
Total Student Enrollment (best guess if you are not sure):		
NP name:		
NP adviser:		
YB name:		
YB adviser:		
Online publication name:		
Online publication adviser:		
Total number of students attending the conference	x \$4	\$

How many students are planning to compete in on-site contests? _____

Will your advisers be attending the adviser luncheon? Yes No
If yes, how many advisers will attend? _____

Send a copy of this form and your payment to:
Cathy Wall
Harrisburg High School
333. W. College St.
Harrisburg, IL 62946

Make checks payable to SISPA/SIUC