

**Registration Form**

June 7, 2024 | 8:00am-3:30pm  
Kean University | Union, New Jersey

**Rate: $175.00**

[**www.njcie.org/conference**](http://www.njcie.org/conference)

**Send to:** [samantha@njcie.org](mailto:samantha@njcie.org)

**Deadline:** **May 24, 2024** is the last day to register. *Late registrations will incur an additional fee of $25.*

*We may not be able to accommodate late registration.*

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| --- | --- | --- | --- |
| **Date** |  | | |
| **First and Last Name** |  | | |
| **Address** |  | | |
| **City/State/Zip** |  | | |
| **Phone** |  | **Email** |  |
| **District or Organization** |  | | |
| **Indicate Your Role/Title** |  | | |
|  | | | |

**PAYMENT:** (Please indicate your payment method)

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|  | CREDIT CARD # |  | | | | AMOUNT |  | |  | MASTERCARD | | |  | VISA | | |
|  | NAME |  | | | EXP. DATE | | |  | | | CVV # |  | | |
|  | BILLING ADDRESS |  | | | | | | | | | | | | | |
|  | P.O. # |  | AMOUNT |  | | | | | | | | | | |
|  | CHECK # |  | AMOUNT |  | | | | | | | | | | |

**Returning the completed application:**

1. **EMAIL the form to:** [samantha@njcie.org](mailto:samantha@njcie.org)
2. **ADDRESS any checks and purchase orders to:** NJCIE (Conference Registration)

229 Main Street #1340

Little Falls, NJ 07424

If paying by check or purchase order please be sure to send your payment to NJCIE by mail and include a copy of this registration.**Please email the registration form prior to mailing it.**

**Cancellation and Refund Policies:**

* We may not be able to accommodate late registrations. **Refunds will not be available after May 24th.**
* If we do not receive your cancellation in writing by May 24th, you will still be responsible for the total registration fee(s).
* If adjustments need to be made to the registration, please reach out to [samantha@njcie.org](mailto:samantha@njcie.org) as soon as possible. Names of all attendees must be submitted prior to the conference.

**Add any additional registrants on the next page.**



**Additional Registrants (Group Registration)**

*Contact Samantha Ruggiero at* [*samantha@njcie.org*](mailto:samantha@njcie.org) *for groups of 10 or more.*

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|  | **First & Last Name** | | |  | **Title/Position** | |  | **Email** |
| **2** |  | | |  |  | |  |  |
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| **9** |  | | |  |  | |  |  |
| **10** |  | | |  |  | |  |  |
|  |  | **Total # Of Registrants** |  | | | **Total Amount** | | **$** |