

2010 International Conference Registration Form
Chinese American Educational Research and Development Association
April 29-30, 2010, Denver, CO, USA

Fee Schedule³

	Member	Student Member ²	Non-member	Student Non-member ²
Pre-registration ¹	\$40	\$25	\$70	\$55
On-site registration	\$50	\$35	\$80	\$65
Dinner Banquet	\$25	\$25	\$25	\$25
Membership	Annual \$30	Life \$250		

***Notes:**

1. Pre-registration fee applies only if this form is postmarked before **March 29, 2010**.
2. Application for student discount must be accompanied by a copy of valid student ID.
3. Conference registration and dinner fees will be refunded if a written request is received by the CAERDA Treasurer by March 29, 2010. Membership fee is not refundable.

Contact Information (PLEASE PRINT CLEARLY)

Name: _____			
(Last)	(First)	(MI)	(Alias)
Chinese Name: _____		Email: _____	
Affiliation: _____		Position: _____	
Address: (Work) _____			
(Home) _____			
Phone: (Work) _____		(Home) _____ (Fax) _____	
Specialization (Check all that apply):		Please provide three descriptors of specialization:	
<input type="checkbox"/>	1. Assessment and evaluation		
<input type="checkbox"/>	2. Curriculum and instruction		
<input type="checkbox"/>	3. Educational finance, administration, and leadership		
<input type="checkbox"/>	4. Human development and educational psychology		
<input type="checkbox"/>	5. Instructional technology		
<input type="checkbox"/>	6. International and comparative education		
<input type="checkbox"/>	7. Language learning, bilingual education, special education		
<input type="checkbox"/>	8. Measurement, statistics, and research methodology		
<input type="checkbox"/>	9. Social and cultural context of education		
<input type="checkbox"/>	10. Teacher quality, professional development, school reform		
<input type="checkbox"/>	11. Other (Please specify): _____		

Focus Group Meeting

We would like to invite a few participants to join us on April 29, 2010 from 12:30pm to 1:30pm to get some feedback on how to improve our service to our members. Please indicate your availability to join us for this focus group meeting.

Yes No

Questions? Please contact Conference Chair at yliu5@uh.edu

Membership Status

New Renew

Note: Please do not fill out a separate Membership Form if you use this form to pay the membership fee.

Payment

Conference Registration	\$
Dinner Banquet	\$
Membership Fee	\$
Donation (Tax deductible)	\$
Total Payment Enclosed	\$

Signature _____

Date _____

Please send the completed form with check or money order (payable to CAERDA) to:

CAERDA, P. O. Box 612, Ardmore, PA 19003-9998