

Conference Registration



Orleans/Niagara BOCES Reading Recovery
 4124 Saunders Settlement Rd.
 Sanborn, NY 14132

Phone: 800-836-7510, ext. 3756
 Fax: 716-731-2148
 www.onboces.org

Conference Name: _____

Conference Date(s): _____

Attendee Information

Name (1):	
Position (1):	
Name (2):	
Position (2):	
Name (3):	
Position (3):	
Name (4):	
Position (4):	
Name (5):	
Position (5):	

Building:	
Administrator:	
District Address:	
City:	
State/Province:	
Zip/Postal Code:	
Contact #:	

Registration Fees

Conference Fee:	
x Number of Attendees:	
Total Due:	

Payment Information:

- Option 1:** Our district participates in Orleans/Niagara BOCES Reading Recovery CoSer. Please bill our district through the BOCES monthly billing.

Signature of Superintendent: _____ **Date:** _____

- Option 2:** Our district belongs to another BOCES Reading Recovery CoSer. We will initiate a Cross Contract with our BOCES.

Our local BOCES is _____

- Option 3:** No BOCES aid requested. Attached is:

Purchase Order # _____

Check: Payable to Orleans/Niagara BOCES

Send completed form to Judy Bennett.