November 1, 2013

MEMORANDUM

TO: City and County Superintendents of Education

FROM: Thomas R. Bice
State Superintendent of Education

RE: Mega Conference Announcement – July 14-18, 2014

The Alabama State Department of Education is pleased to announce the 2014 Mega Conference. We encourage participation at this professional development conference in which local, state, and nationally known speakers from all facets of the education spectrum will provide collaborative learning experiences to support increases in student learning and achievement. I am requesting your assistance in publicizing this event by sharing this memorandum and pre-registration form with all administrators, teachers, parents, and other interested persons in your area.

The conference will begin on Monday at 1:30 p.m., and will end on Friday at the conclusion of the morning sessions. Preliminary conference information with a listing of sessions and other conference details will be available on our Web site at www.alsde.edu in early February 2014. However, participants should note the following information in preparing for the conference:

| Dates: | July 14-18, 2014 |
| Location: | Renaissance Riverview Plaza Hotel, Renaissance Battle House Hotel, and the Mobile Convention Center Mobile, Alabama |
| Registration: | Early Bird Pre-Registration is $100 (Deadline: April 11, 2014). Pre-Registration is $125 (Deadline: May 19, 2014). (Pre-registration WILL NOT BE ACCEPTED after May 19, 2014). On-Site Registration is $150. |
| Lodging: | Contact the following hotels for lodging reservations: Renaissance Riverview Plaza Hotel – 800-922-3298 Code: MEGMEGA Renaissance Battle House Hotel – 866-316-5957 Code: MEGMEGA (Request Mega Conference rates.) |

If you have questions or concerns, you may contact Ms. Beverly Jackson at 334-242-8114 or via e-mail to bjackson@alsde.edu.

TRB/CR/BJ
Attachment
cc: Applicable Local Education Agency Staff Applicable State Department of Education Staff

FY14-2010
2014 MEGA CONFERENCE ♦ PRE-REGISTRATION FORM
JULY 14-18, 2014

RENAISSANCE RIVerview PLAZA HOTEL
RENAISSANCE BATTLE house HOTEL
MOBILE CONVENTION CENTER

DIRECTIONS FOR COMPLETING REGISTRATION FORM

1. Use ONE Registration Form per registrant.
2. Please PRINT your name and all other information legibly.
3. It is important that you provide your HOME ADDRESS; this is the address to which your registration receipt and name badge will be mailed.
4. Identify your position and level in the spaces indicated at the bottom of page.

DIRECTIONS FOR MAILING REGISTRATION FORM AND CONFERENCE REGISTRATION FEE

NOTE: (IT IS MOST IMPORTANT THAT REGISTRANTS FOLLOW THESE DIRECTIONS.)

EARLY BIRD REGISTRATION FEE: $100.00
To receive this special fee, the registration form and payment MUST BE POSTMARKED NO LATER THAN APRIL 11, 2014. Payment and registration received after this date will be returned to the registrant.

PRE-REGISTRATION FEE: $125.00
To pre-register after the April 11 early bird deadline, payment MUST BE POSTMARKED NO LATER THAN May 19, 2014. Payment and registration postmarked after this date will be returned to the registrant. Participants who do not meet the May 19 deadline may register on site at the Mobile Convention Center beginning at 8 a.m. on Monday, July 14, 2014.

CONFERENCE ON-SITE REGISTRATION FEE: $150.00
NOTE: (ALL CONFERENCE REGISTRATION FEES ARE NON-REFUNDABLE.)

ACCEPTABLE METHOD OF PAYMENT

1. Early Bird and Pre-registration: CHECKS OR MONEY ORDERS ONLY WILL BE ACCEPTED. PURCHASE ORDERS WILL NOT BE ACCEPTED.
2. Make CHECK or MONEY ORDER payable to:

    Montgomery Public Schools – Mega Conference

3. Mail the registration form, along with the check or money order to:
Mega Conference - 2014
ATTN: Beverly Jackson
P. O. Box 302101
Montgomery, AL 36130-2101
2014 MEGA CONFERENCE

PRE-REGISTRATION FORM
JULY 14-18, 2014

RENAISSANCE RIVERVIEW PLAZA HOTEL
RENAISSANCE BATTLE HOUSE HOTEL
MOBILE CONVENTION CENTER
MOBILE, ALABAMA

PLEASE USE ONE FORM PER REGISTRANT. REFER TO DIRECTIONS ON THE BACK OF THIS FORM FOR COMPLETION.

NAME
Mr. - Mrs. - Ms. - Dr.-:
(Circle One) First MI Last

HOME ADDRESS: ________________________________________________
City State Zip

HOME PHONE: ___________________ SCHOOL PHONE: ___________________
FAX: ___________________ E-MAIL: ___________________
SCHOOL/ORGANIZATION: ________________________________________
ADDRESS: ________________________________________________
City State Zip

DO NOT WRITE IN THIS SPACE

Date Rec’d: Check #: Amt. Rec’d:$ By: