

State Summary Sheet
This form is to be completed by the State Coordinator

Registration Deadline is Friday, June 26, 2009
(all conference registration forms for each person attending the 2009 NICE Conference
and a state summary sheet are due to UT Conferences by June 26, 2009)

The State Summary Sheet, each conference registration form and payment should be mailed directly to:
UT Conferences, Attention: NICE 2009, P.O. Box 2648, Knoxville, TN 37901
****Make checks payable to the University of Tennessee****

**If the State Coordinator will be attending the conference, you must also complete
a Conference Registration Form**

I. General Information

State: _____

State coordinator: _____

Office phone: _____ Cell phone: _____

E-mail address: _____

II. Fees:

Number of "Youth Scholars" attending: _____ @ \$315.00 = _____

Number of Adults attending: _____ @ \$315.00 = _____

Number of "others" attending: _____ @ \$315.00 = _____

Total number attending from your state: _____

Additional Room Charge for Friday, July 24 (if applicable, see section VII) = _____

Total Fees Submitted from Your State: _____

(Make checks payable to University of Tennessee)

**** All cancellations will be accepted and refunds processed only if the request is received in writing and postmarked prior to July 11, 2009. All cancellation/refund requests must be sent to Renee Creswell, UT Conferences, Attention: NICE 2009, P.O. Box 2648, Knoxville, TN 37901, 865-974-0280 (Fax: 865-974-0264), conferences@utk.edu**

III. Parking Permits:

Any vehicle parked on University of Tennessee property during the NICE Conference must have a proper permit. The Tennessee Council of Cooperatives will purchase these permits in advance and must have an accurate count of the number of vehicles on campus for NICE. Each permit will be purchased from the university, so requesting extra permits is discouraged. In the space below, please describe the types of vehicles that will be parked on campus from your state and provide the total number of permits needed for your state. Parking permits will be distributed as part of the conference registration process. Please summarize the vehicles from your state that will be parked on UT campus during NICE Conference:

<u>Type</u>	<u>Number</u>
Car/Truck/Mini-Van	_____
Passenger Van	_____
Small Bus	_____
School Bus	_____
Charter Bus	_____
Other _____	_____
Total Vehicles Needing a Parking Permit	_____

IV. On-site Contact Person

Will you (State Coordinator) be attending the conference and serving as the on-site contact person for your state? Yes _____ No _____

If no, who will be the primary adult contact person for your state while at the conference?

Name: _____

Cell Phone Number: _____

V. Arrival/Departure Information

Please indicate the number of people from your state who will be arriving/departing the conference by the following methods:

<u>Travel Method</u>	<u>Number of People</u>
Bus	_____
Airline	_____
Private vehicle	_____
Other	_____

If arriving/departing by airline at Knoxville’s McGhee-Tyson Airport and you would like to request complimentary airport shuttle service from the Tennessee Council of Cooperatives, please provide the following information:

ARRIVAL:

Arrival date: _____ Arrival time: _____

Airline: _____ Flight number: _____

Number in your group: _____

DEPARTING:

Departing date: _____ Departure time: _____

Airline: _____ Flight number: _____

Number in your group: _____

If different than the on-site contact person listed in section III above, please provide the name and cell number of the adult contact person for your flight group:

Name: _____ Cell Number: _____

** Attempts will be made to deliver your group to the airport approximately one hour prior to your scheduled departure time.

VI. Room Assignments All room assignments will be made by the host state. Attempts will be made to accommodate rooming preferences from your state. Please use the space below to indicate rooming preferences for youth and adults from your state. Youth will be housed four per suite of the same sex. Adults will be housed two per suite of the same sex. The total number of names listed on this sheet should be the same as in section II and should match the total number of "Conference Registration Forms" submitted from your state.

Youth (four per suite of same sex)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Adults (two per suite same sex)

- 1) _____
- 2) _____

Youth (four per suite of same sex)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Adults (two per suite same sex)

- 1) _____
- 2) _____

Youth (four per suite of same sex)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Adults (two per suite same sex)

- 1) _____
- 2) _____

Youth (four per suite of same sex)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Adults (two per suite same sex)

- 1) _____
- 2) _____

Youth (four per suite of same sex)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Adults (two per suite same sex)

- 1) _____
- 2) _____

Youth (four per suite of same sex)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Adults (two per suite same sex)

- 1) _____
- 2) _____

Youth (four per suite of same sex)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Adults (two per suite same sex)

- 1) _____
- 2) _____

Youth (four per suite of same sex)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Adults (two per suite same sex)

- 1) _____
- 2) _____

** Duplicate this page as needed to record all youth and adults from your state.

VII. Additional Night of Lodging Those arriving in Knoxville on Friday, July 24 and needing to check-in Morrill Hall on the UT Campus may do so at an additional cost of \$40.00 per room.

Will rooms be needed for your state's delegation on Friday night, July 24? (please check either yes or no)

YES
 NO

Room assignments and charges for this night (July 24) will be made according to the information provided in section VI. If your rooming needs are different than stated in section VI, please explain in the space below:

VIII. Final Review of Form

I have reviewed the information on this form and found it to be complete and accurate.

Signed: _____

Printed Name: _____ Date: _____

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