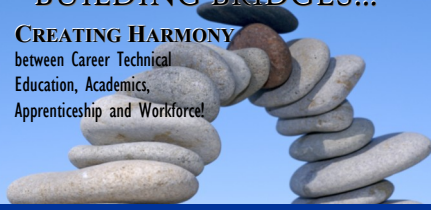


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**Registration “Scholarship” Form
for NMACTE Summer Conference
June 13-15, 2011**

Registrant Name

Institution

ACTE Membership Number / Division

Address / City / Zip Code

Phone

E-Mail Address

- Explain you history, as an educator (school, years taught, program specialty, etc...)

- Explain the reason for requesting the “scholarship” for waiver of your registration costs.

Mail / E-Mail Form To:



New Mexico Association of Career Technical Education
Carol McAlister, Executive Director
carol.mcalister@carlsbad.k12.nm.us
Post Office Box 866
Carlsbad, NM 88220
Phone: 575-302-5458
Fax: 575-234-3367