



Washington Association of Educational
Office Professionals Invite You to:

Step Up... Take Action...

WAEOP 2010 Spring Conference

April 23 and 24, 2010

Holiday Inn Seattle-Renton

Renton, Washington

Register by April 16, 2010!

**Keynote Presentation by Dr. Kip Herren
Superintendent of Auburn School District**

Friday Morning Workshops

Friday April 23, 2010

8:00am-11:00am

Maximize Your Conference Experience.
(Earn 12 PSP Hours for the entire conference)

- Exciting Workshops
- PSP Recognition
- Networking Opportunities
- Earth Day Celebration
- Awards and Scholarships

Visit www.waeop.org for complete workshop and speaker information.

WAEOP 2010 Spring Conference
Registrar: Charlene Jones
15148 SE Newport Way
Bellevue, WA 98006

PRSR STD
US Postage Paid
Wenatchee, WA
Permit #42

Dated Material - Please Expedite Delivery

and/or current resident



Step Up... Take Action...

WAEOP 2010 Spring Conference

April 23 & 24, 2010

Renton, WA

WAEOP Spring 2010 Registration

Name _____ CEOE: Yes No
 Position/Title _____
 District _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 E-Mail _____

Ist Time Attendee Yes No *NAEOP Member* Yes No

Plan to Participate in PSP Recognition Yes No

If special accommodations are needed, please specify:

Registration Due by April 16th, 2010!

Mail Registration to:

WAEOP 2010 Spring Conference
Registrar: Charlene Jones
15148 SE Newport Way
Bellevue, WA 98006
425-456-7417
jonesC@bsd405.org



\$ _____ Conference Fee: (includes \$3 contribution to WAEOP Scholarship Fund)
 Member: \$165 (\$133 for one day: Fri. or Sat.)
 Nonmember: \$200 (includes WAEOP membership)
 Retirees: \$125
 \$ _____ WAEOP Dues (\$35 member new/renewal, \$10 associate,
 \$5 retired, \$5 student)
 \$ _____ NAEOP Dues (\$45 member new/renewal, \$40 associate,
 \$20 retired)
 \$ _____ Total for guest meal(s), if applicable
 \$ _____ **Total enclosed**, U.S. Currency payable to WAEOP
 _____ Check _____ Money Order _____ P.O. No.: _____

Cancellations:

Written notice of cancellation must be made prior to April 16th for a refund. A \$25 fee will be retained for all cancelled registrations. Cancellations made after April 16th will not be refunded. Send written cancellation request to registrar.

Hotel Information:

Holiday Inn Seattle/Renton (mention WAEOP Conference)
 1 South Grady Way - Renton, WA 98057 - 425-226-7700
 WAEOP Rates: \$99 single/double, triple, quadruple
(Continental Breakfast will be available in WAEOP Hospitality Suite)

Driving Directions:

From East: take I-90 and merge to I-405 So, Exit 10 (Renton). Next take Exit 2B (Rainier Ave S) and turn right on Grady Way

From North: take I-5 and merge on left to I-405 at Exit 154A (Renton/Bellevue), then take Exit 2 (Renton / Rainier Ave S) and turn right on Grady Way

From South: take I-5 and merge to I-405 at Exit 154 (Renton/Bellevue) then take Exit 2 (Renton/Rainier Avenue S) and turn right on Grady Way

Workshops

**Friday AM Workshop
Session 1**

FAM1 _____
 FAM2 _____

Saturday AM Session 1

1S1a, 1S1b*, 1S2, 1S3
 1st choice _____
 2nd choice _____

* 1S1b / 2S1b -
 2 hour workshop -
 attend both ses-
 sions.

**Friday PM
12:00pm-1:15pm
General Session**

Saturday AM Session 2

2S1a, 2S1b*, 2S2, 2S3
 1st choice _____
 2nd choice _____

**Friday PM
1:45pm-5:00pm
Speaker Workshops**

Saturday AM Session 3

3S1, 3S2, 3S3
 1st choice _____
 2nd choice _____

LUNCH !!!

Saturday PM -Session 4

**Keynote Presentation
Dr. Kip Herren**

Saturday PM - Session 5

5S1, 5S2, 5S3
 1st choice _____
 2nd choice _____

**WAEOP Service
Project:**

WAEOP service projects, traditionally support the community in various ways. This year, please consider bringing a new stuffed animal to be donated to Seattle Children's Hospital.



Meals

The following meals are included in the registration fee:

Friday Evening - PSP Dessert Celebration
 Assorted Dessert Bar (Guest: \$12) Yes _____

Saturday Awards & Scholarship Luncheon
 Chicken Caesar Salad, Roll & Jumbo Cookie
 (Guest: \$21) Yes _____

Saturday Installation/Awards Banquet (check one)
 Chicken Marsala Yes _____ (Guest: \$38) Yes _____
 Flank Steak Yes _____ (Guest: \$38) Yes _____

Special dietary needs: _____

Guest meal(s) Guest Name: _____

Saturday meal choice: _____

Add Guest meal fees to total amount remitted. If you have more than one guest—please photocopy this form and include additional guest selections on that form.

Bunco Anyone ? Yes No

Join us for a fun night of Bunco, Prizes & Surprises...
 It's Easy - It's Fun! Come Join Us.