



Technology Leadership Network Enrollment Form

Name _____ Date _____

School District or Organization _____

Street Address _____

City, State & Zip Code _____

Office Telephone (_____) _____ FAX (_____) _____

E-mail _____ District Web Site _____

Please contact _____ Title _____ at (_____) _____
in our district to complete our membership delivery records.

What is your district's enrollment? _____

Payment:

Our check for \$ _____ is enclosed.

Please bill us: P.O. # _____

Charge my: VISA Mastercard American Express

Card Number _____

Expiration Date _____

Signature _____

District size	New Fee	New * NA Fee (50% of Fee)
<input type="checkbox"/> < 2,499 and Education Service Agencies, Colleges and Universities	\$1,000	\$500
<input type="checkbox"/> 2,500-7,499 and State Departments of Education	\$1,600	\$800
<input type="checkbox"/> 7,500 - 14,999	\$2,200	\$1,100
<input type="checkbox"/> 15,000+	\$2,800	\$1,400

* Special rates for school districts that participate in NSBA's National Affiliate program.

Superintendent: (unless listed above)

Name _____

Title _____

Address _____

City/State/Zip _____

Telephone (_____) _____ FAX (_____) _____

E-mail _____

Key Technology Contact: (unless listed above)

Name _____

Title _____

Address _____

City/State/Zip _____

Telephone (_____) _____ FAX (_____) _____

E-mail _____