

Breaking Ranks Leadership Training

Comprehensive School Improvement Framework for K–12 School Leaders

Breaking Ranks Leadership Training

Monday

April 23, 2012

8:30 a.m.–4:00 p.m.

Tuesday

April 24, 2012

8:30 a.m.–4:00 p.m.

Registration Deadline:

April 16, 2012

Training Location

NASSP Headquarters
1904 Association Drive
Reston, VA 20191-1537

Prices:

(Includes continental breakfast
and lunch each day)

NASSP Members: \$450

Nonmembers: \$575

Team Registration: Teams of 3
or more (one person must be an
NASSP member): \$400 per person

Send registration with payment by mail, fax, or e-mail.

Mail: NASSP, P.O. Box 3250
Reston, VA 20195

Fax: 703-476-5432

E-mail: knudsena@nassp.org

Travel:

Traveling from out of the area?
Contact the NASSP Travel
Department for help with flight
arrangements and/or suggestions for
lodging in the Dulles area at
1-800-974-9393.

**Please do NOT book any travel or
lodging until AFTER you have received
confirmation of your registration.**

Cancellation

A \$50 processing fee will be
charged for any cancellation after the
registration deadline. Cancellation
notice must be received in writing
prior to the deadline for the refund.

NASSP uses photographs and videotaped images
of workshop attendees for promotional, editorial,
and advertising purposes. If you do NOT want to
authorize the use of any photographs or videotaped
images taken of you, please check the box.

April 23–24, 2012 • Reston, VA

Participant Contact Information

Name: _____

Title: _____

Organization/School: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

NASSP Member Number (if applicable): _____

How did you hear about this training? _____

Team Registration

If you are registering as part of a team from a school, district, or organization, please
complete the following information.

Name: _____ Position: _____

E-mail: _____

Name: _____ Position: _____

E-mail: _____

Name: _____ Position: _____

E-mail: _____

Name: _____ Position: _____

E-mail: _____

Method of Payment

Payment or an authorized purchase order must accompany order.

Check enclosed. Make payable to NASSP (Tax ID#52-6006937).

Purchase order enclosed. (PO# _____)

Credit card Card type: MasterCard Visa American Express

Amount enclosed: \$ _____

Account number: _____ Expiration date: _____

Cardholder signature: _____

Printed name as it appears on card: _____

Credit card billing address: _____

**To join NASSP, go to
www.nassp.org/join**



Questions? Please call 800-253-7746, ext. 330 or e-mail knudsena@nassp.org