

# CATHOLIC SCHOOL LEADERSHIP INSTITUTE REGISTRATION FORM

**To register: download and print this section and return it with your payment. You will receive confirmation of your registration ONLY at your email address.**

Name \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

School Telephone \_\_\_\_\_

Home (H) and/or Cell (C) Telephone \_\_\_\_\_

*Please indicate below which email address you want your confirmation and other information sent. Check both address if you want it sent to both your school and personal email addresses.*

**Your Email Address at School** \_\_\_\_\_

**Personal Email Address** \_\_\_\_\_

**Indicate your job title:**

- Experienced Principal (4+ years of Catholic school administration)
- New Principal (less than 4 years of Catholic school administration)
- Vice Principal or other administrator
- Teacher discerning the call to administration
- Other \_\_\_\_\_

**Institute payment is required with registration.**

**Enclosed is my check, payable to NCEA, for:**

**\$475.00 (Member School Price)**

**\$700.00 (Non-Member School Price)**

**(OR) VISA/MC**

**Name on Card:** \_\_\_\_\_

**Card #:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**Card ID #:** \_\_\_\_\_

---

**MAIL COMPLETED FORM TO:**

**Bro. William J. Campbell, S.M.  
Catholic School Leadership Institute  
1005 N. Glebe Rd. (Suite 525)  
Arlington, VA 22201**

**(OR) FAX COMPLETED FORM TO: 703-243-0025**