

***LOUISIANA TECHNOLOGY
STUDENT'S ASSOCIATION***

**LTSA
2010**

52th Annual Conference

February 28 – March 2, 2010
Baton Rouge, La

LTSA CONFERENCE REGISTRATION FORM

CHAPTER INFORMATION:

School Name: _____			
Address: _____			
City: _____		State: LA	Zip: _____
Phone: _____		Fax: _____	

(For office use only)			
Chapter Number	_____	Date Received	_____
Amount Paid	_____	Date Entered	_____

Conference registration fees are set and determined following an analysis of all expenditures necessary to make the LTSA State Conference a meaningful experience to all of those who attend. In total, conference registration fees must cover several different expense categories: Conference Supplies; Conference Awards; Conference Special Events; and other items.

CONFERENCE REGISTRATION FEES ARE:

Pre-Registration	
Member Contestant	\$150.00
Guest/Alumni/Chaperone	\$100.00
Advisor/Teacher	\$150.00

The deadline for the contestant registration fees shall be postmarked no later than March 30, 2008. **THERE WILL BE NO ON-SITE REGISTRATION**. However, chaperones, guest, and alumni may register on-site.

INSTRUCTIONS FOR THE TABLE BELOW:

- Line 1 - indicate the total number of students and multiply by \$150.00.
- Line 2 - indicate the number of Advisor/Teachers and multiply by \$150.00.
- Line 3 - indicate the total number of Alumni/Chaperones/Guests and multiply by \$100.00
- Line 4 List the total amount paid. **MAKE CHECKS PAYABLE TO LTSA**.

1. No. Of Students Attendees		X \$150.	\$
2. No. Of State Officers		X \$0.00	\$ 00
3. No. Of Advisors/Teachers		X \$150.00	\$
4. No. Of Alumni, Chaperones, Guests		X \$100.00	\$
5. TOTAL REGISTRATION AMOUNT			\$

LTSA Conference Registration

52th Annual State Spring Conference

Parish: _____

Advisor(s): _____

School: _____

School Address: _____

_____, LA _____

School Phone: (_____) _____ - _____

Advisor/Teacher (\$150.00)

1. _____

2. _____

3. _____

Chaperon/Guest/Alumnus (\$100.00)

1. _____

2. _____

3. _____

State Officer's Name & Office Held (\$0.00)

1. _____

2. _____

3. _____

Student Member Name (\$150.00)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

• *If you need more space for student member names simply attach a sheet of paper to this form.*

TOTALS

Advisor/Teacher _____ X \$150.00 = _____

Chaperon/Guest/Alumnus _____ X \$100.00 = _____

Student Members _____ X \$150.00 = _____

State Officer _____ X \$00.00 = \$ 0.00

Total Number of attendees: _____

Deadline: February 12, 2010 - Please return this form with your check made payable to **LTSA** to the following address:

Louisiana TSA
% Ms. Beverly R. Britton
P.O. Box 2247
Kenner, LA 70063
Phone (504) 628-7639

Cell: (504) 722-9773 Alt: (985) 817-1825 Adm. Asst. Mrs. Olivia Monk
Fax (985) 536-4286 School (985) 536-4226

TEAM EVENT

LTSA Registration Form

(Duplicate as many forms as necessary)

Chapter Name: _____

Advisor(s): _____

EXAMPLE

Description:		Architectural Model	
Code:	AM	Level:	2
Team Member Names:			
1:	Jim Short		
2:	Frank Tall		
3:			
4:			
5:			
6:			

Description:			
Code:		Level:	
Team Member Names:			
1:			
2:			
3:			
4:			
5:			
6:			

Description:			
Code:		Level:	
Team Member Names:			
1:			
2:			
3:			
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5:			
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Description:			
Code:		Level:	
Team Member Names:			
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Description:			
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Team Member Names:			
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Description:			
Code:		Level:	
Team Member Names:			
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Description:			
Code:		Level:	
Team Member Names:			
1:			
2:			
3:			
4:			
5:			
6:			

LTSA SINGLE EVENT REGISTRATION FORM

(Duplicate as many as necessary)

Chapter Name: Advisor(s): _____

Participant information: For EXAMPLE

Name: Joe Sample		
Level: 1		
Event Code:		Competitive Event Description:
1:	FC	Flight Challenge
2:	GD	Graphic Design
3:	MT	Mouse Trap Car
4:	DD	Dragster Design
5:		

Name:		
Level:		
Event Code:		Competitive Event Description:
1:		
2:		
3:		
4:		
5:		
6:		

Name:		
Level:		
Event Code:		Competitive Event Description:
1:		
2:		
3:		
4:		
5:		
6:		

Name:		
Level:		
Event Code:		Competitive Event Description:
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Name:		
Level:		
Event Code:		Competitive Event Description:
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Name:		
Level:		
Event Code:		Competitive Event Description:
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Name:		
Level:		
Event Code:		Competitive Event Description:
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6:		

Name:		
Level:		
Event Code:		Competitive Event Description:
1:		
2:		
3:		
4:		
5:		
6:		

LTSA ORDER FORM FOR T-SHIRTS

Conference Dates February 28 – March 2, 2010

Deadline to turn in this form is February 12, 2010

** We are only ordering what is needed!!

Name of School _____

Advisor's Name _____

Phone Number _____

Total number of T-shirts Ordered _____

Quantity	
Number of Large T-shirts	
Number of X-Large T-shirts	
Number of XX-Large T-shirts	
Number of XXX-Large T-shirts	

PERSONAL LIABILITY AND MEDICAL RELEASE

This form is required of all children, students and adults who attend a State TSA conference. No conference attendee is allowed to participate unless this form is received by LTSA. Parents, chapter advisors, and state advisors: Please make a copy of this completed form for your records. It is the responsibility of the chapter advisor to give a copy to the state advisor prior to the conference,

Name _____ Home telephone _____
Home street address _____ City/state/zip _____
Social security # _____ Date of birth _____
Advisor _____ State Delegation _____
School _____ School telephone _____
School street address _____ City/state/zip _____

MEDICAL INFORMATION (children and students only)

1. Allergies (drug or otherwise) _____
2. Current medication _____
3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, Etc. _____
4. Physician name _____ physician telephone _____

"I hereby agree to release the Louisiana Technology Student Association, Inc its representatives, agents, servants, and employees from liability for any injury to above named person at any time while attending the Louisiana Technology Student Association's annual conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, employees."

"I do voluntarily authorize the Louisiana Technology Student Association's state advisor, assistants or designees for any and all claims, demands, actions, rights of action or judgments by or on behalf of the above named person and designees for any and all claims, demands, actions, rights or action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

"I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which is his/her judgment is deemed necessary in the care of the above named person (child or student) while attending the Louisiana TSA annual conference, including time traveling to and from the conference."

Signature of parent or guardian (if child or student) Date

Participant or advisor's signature Date

A COPY OF THIS FORM MUST BE KEPT BY THE STATE AND CHAPTER ADVISORS AT THE CONFERENCE AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.

Code of Etiquette

Conduct Practices and Procedures for the LTSA Leadership Training Conference

Each person attending the Louisiana TSA Leadership Training Conference must read this page, complete the attached form and return it to the State Advisor as partial completion of attendance requirements. You can mail in the forms or deliver them at registration. Every attendee must have a signed form!

1. The term "delegate" shall mean any student or adult attending the conference.
2. There shall be no defacing of public property. Any damages to any property or furnishing must be paid by the individual or chapter responsible.
3. Delegates shall keep their adult advisors informed of their activities and whereabouts at all times.
4. Delegates should be prompt and prepared for all activities.
5. Delegates should be financially prepared for all possibilities.
6. No alcoholic beverages nor narcotics in any form shall be possessed by delegates at any time, under any circumstances.
7. Delegates are required to attend all general sessions and assigned activities.
8. Identification badges will be worn at all times and must be visible.
9. The dress code must be followed at all times.
10. Advisors will be responsible for seeing that their students are on time and attend all meetings.
11. Chapter advisors will be responsible for all delegates' conduct.
12. Curfew will be enforced. (Curfew means delegates will be in their assigned room and are not allowed to leave without permission from the chapter advisor and security personnel.)

Delegates violating or ignoring any of the Conduct Rules may be sent home immediately at their own expense.

Dress Code

Delegates must adhere to the following dress code requirements while in attendance at the LTSA Leadership Training Conference:

Casual Attire

Casual pants, casual but neat blouses or shirts; skirts or dresses (appropriate in length); neat jeans (no holes, frays or sagging jeans); tennis or casual shoes; t-shirts (must be neat and in good taste). Caps/hats are NOT to be worn indoors. Swimsuits should be worn to and from the pool - not into conference rooms or the hotel lobby, gift shop, or restaurants.

LTSA STATE CONFERENCE BEHAVIOR AGREEMENT

CHAPTER ADVISOR ADDRESS:

Ms. Beverly R. Britton

P.O. Box 2247

Kenner, LA 70063

Phone (504) 628-7639

Cell: (804) 722-9773 Alt: (985) 817-1825 Adm. Asst. Mrs. Olivia Monk

Fax (985) 536-4286 School (985) 536-4226

SCHOOL: _____

DELEGATES NAME: _____

DELEGATE: _____

"I have read and completely understand the State Conference Code of Behavior and Dress Code of the Louisiana Technology Student Association."

"I do hereby agree to follow the procedure and practices described. I fully understand that this is an education activity and will, to the best of my ability, apply myself for the purpose of learning and uphold at all times the finest qualities of a person representing the Louisiana Technology Student Association."

Participant Signature

Date

PARENT/GUARDIAN - ADVISOR - PRINCIPAL:

"I approve the student named above to attend the State Conference of the Louisiana Technology Student Association in Bunkie, Louisiana."

Chapter Advisor's Signature

Date

Parent or Legal Guardian Signature

Date

School Principal's Signature

Date