

**JACKSON STATE UNIVERSITY**  
COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT  
**Department of Elementary and Early Childhood Education**

**Eighth Annual Ruth Searcy Literacy Conference**

**January 28-29, 2015**

**LITERACY:**  
**A Pathway to the World**

Mississippi e-Center @ Jackson State University  
1230 Raymond Road  
Jackson, Mississippi 39204

Please submit this form and your registration fee to the JSU Office of Financial Service by Wednesday, January 21, 2015. Students must show this completed form and/or the receipt to their respective instructor(s) to guarantee attendance. General public attendees must show their receipt to the On-Site Registration Attendants upon arrival. You may register On-Site if you miss the deadline; however, remember advanced payment will secure your materials, space, and lunch. On-Site registration begins at 4:30 PM Wednesday and 7:30 AM Thursday.

**For more information, please contact:**

Dr. Tracey Bell-Jernigan  
Conference Co-Chair  
P.O. Box 18380  
Jackson, MS 39217

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F 601.979.9301  
E tracey.r.bell-jernigan@jsums.edu

**Please check one:**

- |                          |  |              |
|--------------------------|--|--------------|
| <input type="checkbox"/> | <b>JSU Student Registration and Lunch</b><br>Please pay to JSU Office of Financial Service<br>(For Office Use: 112160-220010)    | \$25.00      |
| <input type="checkbox"/> | <b>General Public Registration and Lunch</b><br>Please pay to JSU Office of Financial Service<br>(For Office Use: 112160-220010) | \$75.00      |
| <input type="checkbox"/> | <b>Group Rate Registration and Lunch</b><br>Please pay to JSU Office of Financial Service<br>(For Office Use: 112160-220010)     | 6 @ \$350.00 |

*To qualify for the group registration discount you must have a minimum of 6 members of the same business/agency to register. Additional members will be \$50 per person. (Please attach completed registration form for each person in the group.)*

Total amount paid \$ \_\_\_\_\_

**Please make payable to:**  
Department of Elementary &  
Early Childhood Education

☐  
Please check here if you wish to be  
contacted regarding special needs.  
Thank you.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Agency/Organization**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**