



Region 4 Chapter

2019 ANNUAL SPRING CONFERENCE

Refined by Fire

Saturday, March 30, 2019

8:00 am - 2:00 pm

Houston Baptist University

Featured Keynote: Dr. Latonya Goffney

Superintendent, Aldine ISD

The Region 4 Chapter of TCWSE would like to invite you to join leading women executives in Education serving the Greater-Houston area as we honor the mission of TCWSE through renewal, mentoring and career advancement. Our annual conference features sessions, speakers and events designed to enhance your personal and professional growth. Register now to access our special events designed with you in mind!

Morning Meet & Greet: Enjoy a light breakfast once you pick up your conference materials, but more importantly, make use of this wonderful opportunity to meet and connect with other women leaders.

TCWSE Talks: Prepare yourself for a master class in how to level up! Join us for an opportunity to learn from a dynamic group of women who have been, and continue to be educational leaders locally, state-wide and nationally.

Luncheon: Enjoy lunch while engaging in conversations designed to help you continue to grow as a leader, network with other educators, and share your goals & reflections.

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Conference Chairperson: Lashonda Bilbo-Ervin, lbilbo@houstonisd.org

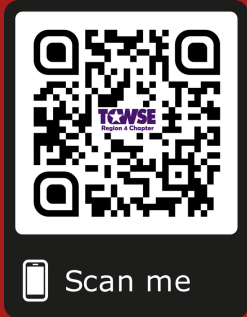
Registration: Danette Maldonado, dmaldon305@aol.com

Early Bird Registration - (By
3/1/19) \$45
Late Registration
(After 3/1/19) - \$50

The Region IV Chapter of
TCWSE Membership
April 2019 - March 2020 is
included with conference
registration



Register



TCWSE

Region 4 Chapter

2019 Spring Conference

Membership Registration and Payment Form

You may use this form to register for the conference or register and pay online by scanning the QR code to our website: <https://tcwser4.wixsite.com/tcwserregion4>

Please Print

Full Name: _____

Title/Role: _____ Employer: _____

Mailing Address: _____

Cell Phone: _____ Phone 2: _____

Email Address: _____

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Payment Type (Circle One): Purchase Order Cash Check Credit Card

Credit Card Authorization

Amount: \$ _____ Card Type (circle): MasterCard Visa AmEx Other: _____

Card # _____ Expiration Date: _____

Billing Zip Code: _____ CVV: _____

Card Holder Signature required: _____

Other forms of payment: PO, cash or check (made payable to TCWSE)

Attach & Send to:

Danette Maldonado

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713 478-7478; fax 832 565-9990