

ACTE Region IV Conference: April 8-10, 2010

Registration Form

Name _____ Work Title _____

Employer _____

Home Mailing Address _____

City, State, Zip _____

Business Phone _____ Personal Phone _____

Email (required for confirmation) _____

Select one of the following:

- | | |
|---|---|
| <input type="checkbox"/> District Administrator | <input type="checkbox"/> Principal |
| <input type="checkbox"/> College Administrator | <input type="checkbox"/> Regional Service Center |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> School Board Member |
| <input type="checkbox"/> Faculty (program area) _____ | <input type="checkbox"/> Industry Representative |
| <input type="checkbox"/> Tech Prep | <input type="checkbox"/> Workforce/Economic Development |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Other _____ |

<p>Rates</p> <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Early Bird Postmarked / faxed by Feb. 19, 2010</td> <td style="width:50%;">Regular Postmarked / faxed after Feb. 19, 2010</td> </tr> <tr> <td>ACTE Member <input type="checkbox"/> \$195</td> <td><input type="checkbox"/> \$225</td> </tr> <tr> <td>One Day Rate Member <input type="checkbox"/> \$165 ** Choose: <input type="checkbox"/> Fri <input type="checkbox"/> Sat</td> <td></td> </tr> </table> <p>REQUIRED ACTE Membership # _____</p> <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Non-Member <input type="checkbox"/> \$295</td> <td style="width:50%;"><input type="checkbox"/> \$345</td> </tr> <tr> <td>One Day Non-Member <input type="checkbox"/> \$200 ** Choose: <input type="checkbox"/> Fri <input type="checkbox"/> Sat</td> <td></td> </tr> </table> <p>After March 12, all registration must be done at the conference and include payment. If selected to present, a refund will be issued after conference.</p>	Early Bird Postmarked / faxed by Feb. 19, 2010	Regular Postmarked / faxed after Feb. 19, 2010	ACTE Member <input type="checkbox"/> \$195	<input type="checkbox"/> \$225	One Day Rate Member <input type="checkbox"/> \$165 ** Choose: <input type="checkbox"/> Fri <input type="checkbox"/> Sat		Non-Member <input type="checkbox"/> \$295	<input type="checkbox"/> \$345	One Day Non-Member <input type="checkbox"/> \$200 ** Choose: <input type="checkbox"/> Fri <input type="checkbox"/> Sat		<p>Cancellation Policy</p> <p>Cancellations received via email to registration@ctat.org by March 22 will be refunded. After March 22, total registered amount is retained or payable to CTAT. Substitutions are welcome.</p> <p>_____ Initial here to verify you have read and understand all terms of the cancellation policy.</p>	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Mail CTAT Registration 1304 San Antonio Suite 106A Austin, TX 78701</td> <td style="width:50%;">Deadlines February 19 - Early Bird Deadline March 12 - Last day for pre- registration</td> </tr> <tr> <td>Fax (512) 288-9998</td> <td>After March 12 - All registration must be done onsite</td> </tr> <tr> <td>Contact Registration registration@ctat.org (512) 288-8666</td> <td>March 22 - Last day for cancellations</td> </tr> </table>	Mail CTAT Registration 1304 San Antonio Suite 106A Austin, TX 78701	Deadlines February 19 - Early Bird Deadline March 12 - Last day for pre- registration	Fax (512) 288-9998	After March 12 - All registration must be done onsite	Contact Registration registration@ctat.org (512) 288-8666	March 22 - Last day for cancellations
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<p>Pre-Conference Options Full conference registration is required.</p> <p>SELECT ONLY ONE</p> <table border="0" style="width:100%;"> <tr> <td>Tour of Outstanding CTE Programs <input type="checkbox"/> \$20</td> </tr> <tr> <td>Tour of Texas Vineyards <input type="checkbox"/> \$35</td> </tr> <tr> <td>Riverwalk Charter Tour <input type="checkbox"/> \$15</td> </tr> </table>		Tour of Outstanding CTE Programs <input type="checkbox"/> \$20	Tour of Texas Vineyards <input type="checkbox"/> \$35	Riverwalk Charter Tour <input type="checkbox"/> \$15														
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<p>TOTAL DUE \$ _____</p>																		

Form of Payment

**** Payment must accompany the registration form. Registrations will not be accepted without payment.**

- Check # _____ (payable to CTAT) Tax ID 75-2832376
- Purchase Order # _____ (copy of the purchase order required)
- Credit card. Select one from below.
- Visa
 Mastercard
 Discover
 American Express

Card Number _____

Name on Card _____ Expiration Date _____

Billing Address _____

City, State, Zip _____

Signature _____