

2018 ACCESS VIRTUAL LEARNING TEACHER DAY REGISTRATION FORM

This form is for ACCESS Virtual Learning Teachers & Staff Only

NEW THIS YEAR: NAME BADGES WILL NOT BE MAILED. Attendees are required to show ID onsite to check-in and pick up their name badge and conference materials. (No one will be permitted to check-in for another attendee.) Badge sharing is strictly prohibited. Full Conference Registration is for *one individual* to attend the entire conference.

Email _____

Dr. ____ Mr. ____ Ms. ____ First Name _____ Last Name _____

Job Title _____ School/Organization _____ District _____

Work Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Demographics (please check one box in each category):

<p>Position:</p> <input type="checkbox"/> ACCESS Teacher <input type="checkbox"/> School Support Personnel <input type="checkbox"/> Principal <input type="checkbox"/> Counselor <input type="checkbox"/> Facilitator	<p>Level:</p> <input type="checkbox"/> Middle/Jr High <input type="checkbox"/> High School <input type="checkbox"/> District	<input type="checkbox"/> I am a first time attendee at AETC. <input type="checkbox"/> I do not want my name released to Exhibitors. <input type="checkbox"/> I require special assistance covered under the Americans With Disabilities Act. (You will be contacted concerning arrangements.)
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Registration Options: These registration options are for ACCESS Virtual Learning Teachers and Staff ONLY. Please use the AETC Registration form if you are attending AETC only.

	On or Before 5/18/18	After 5/18/18
<input type="checkbox"/> ACCESS Virtual Learning Teacher Day Only Tuesday, June 12, 2018 - 8:30 am – 4:00 pm	\$80	\$90
<input type="checkbox"/> ACCESS Virtual Learning Teacher Day with AETC Full Conference June 12 – 14, 2018 <i>(AETC Full Conference registration includes admission to all Concurrent Sessions, Hands-On Workshops, Opening Session, Exhibit Hall, and Tote Bag)</i>	\$120	\$140

PAYMENT INFORMATION:

Check/Money Order attached (FEIN# 02-0701975)

Purchase Order –

Purchase Order # _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card (VISA/MasterCard/AMEX) may be made by registering online at: <http://alex.state.al.us/aetc>

Cancellations/Refunds: All cancellation requests are subject to a \$25 administrative fee and must be **received no later than May 18, 2018**. Cancellation requests must be submitted in writing to aetcreg@mcraremeetings.com or mail to 1401 Maclay Commerce Drive, Tallahassee, FL 32312. **No refunds will be given after May 18, 2018.**

For office use only:
 Date rec'd: _____ Amt Paid: \$ _____ Check# _____ Type: C S P O Amt Due: \$ _____

Mail form and payment to:
AETC c/o McRae Conferences
1401 Maclay Commerce Drive
Tallahassee, FL 32312
 or Fax to 850-906-0077