

ALABAMA EDUCATIONAL TECHNOLOGY CONFERENCE REGISTRATION FORM

June 12 – 14, 2018

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"/> Superintendent <input type="checkbox"/> Central Office Personnel <input type="checkbox"/> School Support Personnel <input type="checkbox"/> Principal <input type="checkbox"/> Counselor <input type="checkbox"/> Media Specialist <input type="checkbox"/> Career/Tech Education	<input type="checkbox"/> Special Education <input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Consultant <input type="checkbox"/> System Technology Coordinator <input type="checkbox"/> School Technology Coordinator <input type="checkbox"/> Vendor	<p>Level:</p> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle/Jr High <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> District <input type="checkbox"/> SDE <input type="checkbox"/> Private	<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: (AETC Full Conference registration includes admission to all Concurrent Sessions, Hands-On Workshops, Opening Session, Exhibit Hall, and Tote Bag)

	On or before 5/18/18	After 5/18/18
<input type="checkbox"/> FULL CONFERENCE	\$120	\$140

PAYMENT INFORMATION:

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

Purchase Order – Attach copy of Purchase Order if possible

Purchase Order # _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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@mcrameetings.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: \$ _____