

ALABAMA EDUCATIONAL TECHNOLOGY CONFERENCE EARLY BIRD REGISTRATION FORM

June 12 – 14, 2019

SHARING OF A CONFERENCE REGISTRATION OR NAME BADGE IS STRICTLY PROHIBITED. FULL CONFERENCE REGISTRATION IS FOR ONE INDIVIDUAL TO ATTEND THE ENTIRE CONFERENCE AND CANNOT BE USED BY ANYONE OTHER THAN THE PERSON NAMED ON THE BADGE. 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.

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):

Position: <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	Level: <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"/> Vendor	<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, Meet & Greet Reception, Exhibit Hall, and Tote Bag)

	On or before 3/15/19	3/16/19 - 5/20/19	After 5/20/19
<input type="checkbox"/> FULL CONFERENCE	\$110	\$120	\$140
<input type="checkbox"/> FULL CONFERENCE GROUP DISCOUNT <i>Register 10 or more people at the same time and with the same form of payment (PO, Check, or Credit Card) and save \$5 per registrant! The Technology Coordinator for that system receives a complimentary registration.</i>	\$105	Not Available	Not Available

MEET & GREET RECEPTION (Wednesday 4:30pm – 6:00pm) Yes, I plan to attend No, I do not plan to attend

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: _____

Credit Card (VISA/MasterCard/AMEX) may be made by registering online at: www.alabamaetc.com

Register Online at: www.alabamaetc.org
or
Mail form and payment to:
AETC c/o McRae & Company, Inc.
1401 Maclay Commerce Drive
Tallahassee, FL 32312
or
Email to: AETCreg@mcraemeetings.com

Cancellations/Refunds: All cancellation requests are subject to a \$25 administrative fee and must be **received no later than May 20, 2019**. Cancellation requests must be submitted in writing to aetcreg@mcraemeetings.com or mail to 1401 Maclay Commerce Drive, Tallahassee, FL 32312. **No refunds will be given after May 20, 2019.**

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