

# 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):

<p><b>Position:</b></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	<p><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>	<p><b>Level:</b></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"/> Vendor
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I am a first time attendee at AETC.  
 I do not want my name released to Exhibitors.  
 I require special assistance covered under the Americans With Disabilities Act. (You will be contacted concerning arrangements.)

**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)

	3/16/19 - 5/20/19	After 5/20/19
<input type="checkbox"/> FULL CONFERENCE	<b>\$120</b>	<b>\$140</b>

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

**PAYMENT INFORMATION:**

**Register Online at: [www.alabamaetc.com](http://www.alabamaetc.com)**  
 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](mailto:AETCreg@mcraemeetings.com)**

**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](http://www.alabamaetc.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](mailto: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: \$ \_\_\_\_\_