

ACCESS VIRTUAL LEARNING TEACHER DAY REGISTRATION FORM

This form is for ACCESS Virtual Learning Teachers & Staff Only

Badge Sharing is Strictly Prohibited:
Conference Registration is for **one individual** to attend the entire conference.

Email _____

For sending Confirmation, Receipt and Conference updates only. If your work email is restricted by SPAM filters, you may want to provide a personal address to improve deliverability.

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

Job Title _____ School/Organization _____ District _____

Work Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ - _____ Work 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:

(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 5/19/17	After 5/19/17
<input type="checkbox"/> ACCESS Virtual Learning Teacher Day Only Tuesday, June 13, 2017 - 8:30 am – Noon	\$75	\$85
<input type="checkbox"/> ACCESS Virtual Learning Teacher Day with AETC Full Conference June 13 – 15, 2017 <i>(AETC Full Conference registration includes admission to all Concurrent Sessions, Hands-On Workshops, Opening Session, Exhibit Hall, and Tote Bag)</i>	\$110	\$120

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 \$10 administrative fee and must be **received no later than May 19, 2017**. 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 19, 2017.**

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**