

ACTE Region IV Conference: April 26-28, 2017, New York City



Registration Form

Name _____ Work Title _____

Employer _____

Home Mailing Address _____

City, State, Zip _____

Business Phone _____ Home/Cell Phone _____

Email (required for confirmation) _____

Select one of the following:

- | | |
|--|---|
| <input type="checkbox"/> Secondary Administrator | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Post-Secondary Administrator | <input type="checkbox"/> School Board Member |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Industry Representative |
| <input type="checkbox"/> Faculty (program areas) _____ | <input type="checkbox"/> Workforce/Economic Development |
| <input type="checkbox"/> Tech Prep | <input type="checkbox"/> Other _____ |

Rates	Early-Bird on or before March 1, 2017	Regular March 2-April 28, 2017	Cancellation Policy
UFT Members and ACTE/NYSACTE Members by 2/15/17	<input type="checkbox"/> Free		<p>All cancellation requests must be submitted in writing to mwoods@acteonline.org or faxed to 703-683-9367. Please note that cancellation requests for an already confirmed registration will be processed according to the following schedule:</p> <ul style="list-style-type: none"> ◦ Through March 1: 100 % refund (less \$100 fee) ◦ March 2 – April 1: 50% refund ◦ After April 2: No refunds <p>Registrants unable to attend may send a substitute. Substitutions will not be accepted unless received in writing from the original registrant by April 20. Email the letter from the original registrant authorizing the substitution, to mwoods@acteonline.org or fax to 703-683-9367, along with the substitute's completed registration form by April 20. The substitute's registration fee will be subject to pricing based on ACTE membership status.</p> <p>Mail P.O. Box 758621, Baltimore, MD 21275-8621</p> <p>Fax 703-683-7424</p> <p>Contact Michael K. Woods, mwoods@acteonline.org 703-683-9327</p>
UFT Members who join ACTE/NYSACTE after 2/15/17.....	<input type="checkbox"/> \$30.....	<input type="checkbox"/> \$30	
NYSACTE/ACTE Member by 2/15/17.....	<input type="checkbox"/> \$150.....	<input type="checkbox"/> \$180	
NYS CTE Teacher/Administrator Member of NYSACTE/ACTE.....	<input type="checkbox"/> \$150.....	<input type="checkbox"/> \$180	
NYS CTE Teacher/Administrator Non-Member NYSACTE/ACTE.....	<input type="checkbox"/> \$350.....	<input type="checkbox"/> \$395	
Out-of-State Attendee ACTE Member (not residing/teaching in New York).....	<input type="checkbox"/> \$225.....	<input type="checkbox"/> \$260	
Out-of-State Attendee Non-Member.....	<input type="checkbox"/> \$350.....	<input type="checkbox"/> \$395	
One-Day Registration ACTE Member.....	<input type="checkbox"/> \$150	Choose: <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	
One-Day Registration Non-Member.....	<input type="checkbox"/> \$225	Choose: <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	
<p>All registrations must be accompanied by credit card payment online (Preferred Method), check, or purchase order.</p>			
TOTAL DUE	\$ _____		

Form of Payment

Payment must accompany the registration form. Registrations will not be accepted without payment.

- Check # _____ (payable to ACTE) Purchase Order # _____ (copy of the purchase order **required**)
- Credit Card.
- Visa Mastercard Discover American Express

Card Number _____

Name on Card _____ Expiration Date _____

Billing Address _____

City, State, Zip _____

Signature _____