



**BRING THIS FORM AND PAYMENT TO THE ONSITE REGISTRATION COUNTERS  
Oasis Hotel & Convention Center – Grand Ballroom**

Mr.  Mrs.  Ms.  Dr.

Name:

Job Title or Position:

School/Organization:

School District

Address:  Home  
 Work

City, State, Zip:

**ACTE ID  
Number:**

I am a New Professional!  
(less than 3 years of experience)

Phone:

Email:

**TOTAL FEES SUMMARY**

I. MEMBERSHIP + CONFERENCE FEE \$

III. National Division Dues \$

MOACTE PAC A contribution of \$5 is suggested \$

PAC contributions are voluntary, and refusal does not affect a member's rights.

**TOTAL DUE: \$**

**REQUIRED FEES (Includes Required 2021 Membership Dues +2021 Conference Fees)**  
Registration to the Summer Conference requires Membership and Registration Fees, combined here for your convenience (see adjacent Membership Dues and Conference Fees column for detail)

(Contact ACTE for Students & Retired pricing)	TOTAL	Membership Dues MO ACTE+ National ACTE + Division Dues	Conference Fees MO ACTE + Division Conference
Administration (MCCTA)	<input type="checkbox"/> \$415 =	\$165 +	\$250
Agriculture (MVATA)	<input type="checkbox"/> \$115 =	Paid to MVATA Directly	\$115
Business Education (MBEA)	<input type="checkbox"/> \$270 =	\$135 +	\$135
Career Services (MACS)	<input type="checkbox"/> \$235 =	\$135 +	\$100
Engineering & Technology (TEAM)	<input type="checkbox"/> \$230 =	\$130 +	\$100
Family & Consumer Sciences (MOEFCS)	<input type="checkbox"/> \$275 =	\$135 +	\$140
Health Science (MHSE)	<input type="checkbox"/> \$260 =	\$130 +	\$130
Marketing & Coop (MCEA)	<input type="checkbox"/> \$235 =	\$135 +	\$100
Trade & Technical (MTTA)	<input type="checkbox"/> \$230 =	\$130 +	\$100

**OPTIONAL FEES**

**MOEFCS**

**Affiliated National Divisions**

\$80 ITEEA  \$20 NATEFACS  
 \$149 NBEA  \$20 NATFACS

**ACTE REGISTRAR USE ONLY**

**ONSITE PAYMENT TOTAL: \$**

Staple check and/or PO to this form

**SIGNED WAIVER ON FILE**

**Check** made payable to ACTE

**PO** (made to ACTE)

**Credit Card**  Visa  MC  AMX  DISC

**Square #** **L4#**

**REGISTRANT INFORMATION:**

**Name :**

**School:**

**ACTE REGISTRAR USE ONLY**

**Date:** 7/26 7/27 7/28 7/29

**Payment Type**  **PO** **No.** \_\_\_\_\_  
 **CC** **L4:** \_\_\_\_\_

**Check** **No.** \_\_\_\_\_

**Registrar  
Name  
Signature**

registration@acteonline.org  
P.O. Box 758621,  
Baltimore, MD 21275-8621