



EARLY REGISTRATION FORM

Please print or type and use one form per registrant.
Form valid until 8/1/19.

November 6-8, 2019 - Atlanta, GA

Email (required): _____ Confirmation/receipt will be sent by email.

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

School/Organization: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ School System/District: _____

Day Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ For onsite emergencies/ conference messages.

Home/Mailing Address: _____ City: _____ State: _____ Zip: _____

Conference name badge will be mailed to this address

Demographics (please check one box in each category):

Position:

- Superintendent/Assistant Superintendent
- Administrator/Principal/Asst. Principal/Dean
- Technology Director/Coordinator/Specialist
- Network Specialist
- Curriculum Specialist
- Library Media Specialist
- Instructional Technology Director/Coordinator/Specialist
- Non-Instructional Support Staff
- Teacher/Professor/Academic Coach/Counselor
- Student
- Consultant/Vendor
- Other _____

Level:

- Preschool
- Elementary
- Middle
- Secondary
- K-12
- College/University
- District Level
- DOE
- Other _____

General Information (please check all that apply):

- It is my **First Time** attending GaETC.
- I want to volunteer as a concurrent session **Facilitator (Room Monitor)**.
- I would like to **OPT-OUT** of receiving emails or hard copy mailings from our sponsors or exhibitors.*
- I require **Special Assistance** covered under the ADA. You will be contacted concerning arrangements.

* GaETC may provide the names, work addresses, and email address of its attendees to a limited number of sponsors and exhibitors. Their support is vital to the conference and assists in reducing the registration costs. GaETC never releases attendees' telephone, or fax number, or payment information to any other persons or organizations.

Buyer Influence:

How would you describe your level of influence in purchasing decisions regarding educational technology?

- High
- Medium
- Low
- None

Sector:

- Public Education
- Private Education
- Home School
- Non-Profit Organization
- Other _____

Due to the enormous success of GaETC, registrations will be limited to the first 4,000 attendees!

FULL CONFERENCE REGISTRATION: Beginning 8/1/19, registration increases to \$220

- SUPER SAVER** \$200 (Available 4/1- 5/31/19)
- Early Bird** \$210 (Available 6/1 - 7/31/19)

PLEASE NOTE: Sharing of a conference registration or name badge is prohibited. One day registrations are available beginning Aug. 1

PRE-CONFERENCE WORKSHOPS:

Information for Pre-Conference Workshops will be available at a later date and you may add to your registration at that time.

Payment Information:

- Check/Money Order** - Please make payable to GaETC (FEIN#58-2391888).
- Purchase Order** - Please submit a separate registration for each person on the purchase order.

PO # _____ Attn: _____

Invoice to: _____

Address: _____

City: _____ State: _____ Zip _____

Credit Card payment (VISA / MasterCard / Amex) - Please REGISTER ONLINE at www.gaetc.org

Cancellation Policy: All cancellations and requests for refunds must be made in writing and received by **October 8, 2019**. No refund requests will be honored after this date but substitutions are allowed. Requests may be emailed to gaetcreg@mcraemeetings.com or mailed to the address at right. **All cancellations will be subject to an administrative fee of \$35.**

Register Online
www.gaetc.org

Email form:
gaetcreg@mcraemeetings.com

Mail:
GaETC Registration
1401 Maclay Commerce Dr.
Tallahassee, FL 32312

Questions?
Phone: 866-554-2382 or email
gaetcreg@mcraemeetings.com

For Office Use: Date rec'd: _____ Amt Paid: \$ _____ Check# _____ Paytype: C S P MO ST O

Amt Due: \$ _____ PO# _____