

Email\* \_\_\_\_\_  
 Dr. \_\_\_ Mr. \_\_\_ Ms. \_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 School/Organization \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Job Title \_\_\_\_\_ School System/District \_\_\_\_\_  
 Day Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*For onsite emergencies and conference messages.*

**Demographics** (please check one box in each category):

**General Information** (check all that apply):

<p><b>Position:</b></p> <input type="checkbox"/> Superintendent/Assistant Superintendent <input type="checkbox"/> Administrator/Principal/Asst. Principal/Dean <input type="checkbox"/> Technology Director/Coordinator/Specialist <input type="checkbox"/> Network Specialist <input type="checkbox"/> Curriculum Specialist <input type="checkbox"/> Library Media Specialist <input type="checkbox"/> Instructional Technology Specialist <input type="checkbox"/> Non-Instructional Support Staff <input type="checkbox"/> Teacher/Professor/Academic Coach/Counselor <input type="checkbox"/> Student <input type="checkbox"/> Consultant/Vendor Other _____	<p><b>Level:</b></p> <input type="checkbox"/> Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Secondary <input type="checkbox"/> K-12 <input type="checkbox"/> College/University <input type="checkbox"/> District Level <input type="checkbox"/> DOE Other _____	<p><b>Sector:</b></p> <input type="checkbox"/> Public Education <input type="checkbox"/> Private Education <input type="checkbox"/> Home School <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other _____	<p><input type="checkbox"/> It is my <b>First Time</b> attending GaETC.</p> <p><input type="checkbox"/> Do not release my email and mailing address to sponsors or exhibitors.*</p> <p><small>* 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, fax number or payment information to any other persons or organizations.</small></p>
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**Conference Fees**

- Full Conference (Wed.-Fri.) \*      **\$230**
- Wednesday only                              **\$180**
- Thursday only                                 **\$180**
- Friday only                                      **\$105**
- Exhibit Hall only                              **\$ 65**

*A Conference Registration includes your choice of over 250 concurrent sessions, the keynote session, exhibit hall admittance, exhibitor presentations, coffee breaks, and the Wednesday reception plus a conference tote bag.*

**\*Sharing of a conference registration or name badge is strictly prohibited. Each participant MUST have their own registration!**

**TOTAL REGISTRATION FEES: \$ \_\_\_\_\_**

*(Please note: No children or students are allowed in the Exhibit Hall or conference sessions).*

**Payment Information:**

- Credit Card** (VISA / MasterCard/Amex) *Receipt will be sent by email.*
- Check/Money Order** – Please make payable to **GaETC** (FEIN#58-2391888).
- Invoice My Institution** – Present purchase order or complete fields below.

PO # \_\_\_\_\_  
 Organization: \_\_\_\_\_ Attn: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

- Prepaid Code** - \_\_\_\_\_
- Substitution** – Name of person not attending: \_\_\_\_\_

**For Office Use:**

Date rec'd: \_\_\_\_\_ Amt Paid: \$ \_\_\_\_\_ Check# \_\_\_\_\_ Paytype: C S P ST O V/M Amex Other \_\_\_\_\_  
 Amt Due: \$ \_\_\_\_\_ PO# \_\_\_\_\_