ACTE Region IV Conference: April 6-8, 2017

Registration Form

0					
Name	Work Title				
Employer					
Home Mailing Address					
City, State, Zip					
Business Phone					
Email (required for confirmation) _					
Select one of the following:					
☐ Secondary Administrator		☐ Superinte	endent		
☐ Post-Secondary Administrator ☐ School Boa					
☐ Counselor	, <u> </u>				
	(program area) Workforce/Economic Development				
☐ Tech Prep ☐ Other					
· [<u> </u>		
Rates	Early Bird	Regular	Cancellation Policy		
	Postmarked / faxed by 3/1/2017	Postmarked / faxed after 3/1/2017	Compatibations manifolded	to annual to	
ACTE Member	by 3/1/2017	arter 5/1/2017	Cancellations received vi	a email to March 10 will be refunded.	
Registration	□ \$195	□ \$215	After March 10, total registered amount is retained or payable to MS ACTE. Substitutions are welcome.		
Retired Member	□ \$193 □ \$122	□ \$135			
One Day Member	☐ \$185 Choose: ☐ Fr	•			
Guest - Award Luncheon	□ \$183 Choose. □ Fi	ı 🗆 Jat	luitial have to	unif	
Guest - Award Luncheon	□ \$40		Initial here to verify you have read and understand all terms of the cancellation policy.		
ACTE Membership # (REQUIF	RED)				
ACTE Non-Member			Mail	Deadlines	
Registration	□ \$300	□ \$350	MS ACTE Registration	March 1 - Early Bird	
One Day Non-Member	☐ \$225 Choose: ☐ Fr	•	P.O. Box 85	Deadline	
One Day Non-Member	□ \$225 CHOO3E. □ 11		Raymond, MS 39154		
After March 10, all registration must	be done at the conference and i	nclude payment.	Fax	March 10 - Last day for	
Optional Pre-Conference Tours			601.857.2907	pre-registration	
Keesler Air Force Base	(9 a.m., 4/6/2017)	\square no charge	Contact		
	(9 a.m., 4/6/2017)	□ \$20	edofmsacte@aol.com	After March 10 - All	
Beau Rivage Back of House T	our (2 p.m., 4/6/2017)	\square no charge	601.857.5763	registration must be	
MGM Ballpark	(2 p.m., 4/6/2017)	\square no charge		done onsite	
Tour of the Port of Gulfport. Friday (4/7/2017, immediately					
TOTAL DUE	\$		1	March 10 - Last day for cancellations	
	γ			Carrochations	
Form of Payment	us sistuation forms. Desistant	tianaill nat ha nasa			
Payment must accompany the	registration jorni. Kegistrat	tions will not be accep	otea without payment.		
☐ Check # (payable to N	/IS ACTE) Tax ID 64-0637304				
☐ Purchase Order #	(copy of the purc	hase order <u>required</u>)			
☐ Credit Card. Select one from be	low.				
□ Visa □ M	astercard				
Card Number					
Name on Card					
Billing Address					
City, State, Zip					
Signature					