

**YOU CAN USE THIS FORM AS A PAPER COPY REGISTRATION IF YOU ARE UNABLE TO REGISTER ELECTRONICALLY.**

**Option 1 ($325.00):** This option is the FULL CONFERENCE RATE option and includes ALL sessions and breakfast and lunch on both days..

**Option 2 ($170.00):** This option is the ONE DAY DAILY RATE option and includes ALL sessions on ONE day and breakfast & lunch.

For questions, please email Marta Droddy: teachermad@gmail.com or Dennis Williams dwilliams@hhsd.org

**For questions regarding registration, please contact** [**teachermad@gmail.com**](mailto:teachermad@gmail.com) **or** [**dwilliams@hhsd.org**](mailto:dwilliams@hhsd.org)**.**

**(PAPER) CONFERENCE REGISTRATION FORM**

Please select which attendance option you will be registering under

* Option 1
* Option 2

Attendee Last Name \*

Click or tap here to enter text.

Attendee First Name \*

Click or tap here to enter text.

The organization you are representing \*

Click or tap here to enter text.

Address \*

Click or tap here to enter text.

City \*

Click or tap here to enter text.

State \*

Click or tap here to enter text.

Zip Code \*

Click or tap here to enter text.

Best Contact Phone Number \*

Click or tap here to enter text.

Email Address \*

Click or tap here to enter text.

I PLAN TO ATTEND ON THE FOLLOWING DAY(S) \*

*You must select at least one day*

MONDAY \_\_\_\_\_\_\_

TUESDAY \_\_\_\_\_\_\_

I am also registering other individuals from my organization – include names below:

1.

2.

3.

4.

5.

I am in need of ADA (Americans w/ Disabilities Act) accommodations \*

YES NO

I am in need of language translation/interpretation services for the keynote speaker. \*

YES NO

I understand that room registration at the hotel is separate from this registration.

YES

**Total Amount Owed for all registrants $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Please complete the NEXT PAGE

**Information of the person completing this registration form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name**

**Purchase Order # ­­­­**