

Registration Information for the February 3-5 iPad Summit San Diego

Please fill in this form if you plan to pay by either Check or Purchase Order. This completed form can be sent **with your payment to** our Business Manager: Ileen Matthews. To pay by credit card, please go to ipadsummitusa.org/registration.

We accept faxed purchase orders and **completed** registration forms at 866-314-8214. You may also email scanned Purchase Orders and **completed** registration forms to ileen@edtechteacher.org.

Your registration is not complete without both the form and the payment.

If paying by check, please also email or fax a copy of this form and your payment to Ileen in order to hold your spot. We expect this to be another **SOLD OUT** event.

Your Check or Purchase Order should be made payable to *EdTechTeacher, Inc.* Checks should be sent to:

EdTechTeacher
Attention: Ileen Matthews
41 Kinsley Lane
Mendon, MA 01756

Pricing Information

- **Pre-Conference (February 3)** - \$295 (\$265 **EarlyBird** rate before January 3rd)
- **Conference (February 4-5)** - \$525 (\$495 **EarlyBird** rate before January 3rd)
- **Conference Group Rate (February 4-5)** - \$467 for groups of 5+

* indicates required information

Ticket Buyer

First Name * _____

Last Name * _____

School or Organization * _____

Email Address * _____

Contact Phone Number * _____

Billing Address * _____

Number of Pre-Conference Tickets (February 3) _____

Ticket Rate ___ \$265 (before 1/3/2014) ___ \$295 (after 1/3/2014)

Number of Conference Tickets (February 4-5) _____

Ticket Rate ___ \$495 (before 1/3/2014) ___ \$525 (after 1/3/2014)
___ \$467 group rate (for 5+ attendees)

Check or PO Number * _____

Accounts Payable Contact Name * _____

Accounts Payable Contact Email * _____

Additional Promotion Code _____

Total Amount * _____

Attendee #1

First Name * _____

Last Name * _____

Job Title (include grade & subject if applicable) * _____

School or Organization * _____

Email Address * _____

Contact Phone Number * _____

Mailing Address _____

Ticket Type * Pre-Conference Workshop Conference (check all that apply)

In which Conference strand(s) are you most interested (if applicable)?

Classroom Integration: Pedagogy, Curriculum, & Assessment

Leadership: Innovation & Professional Development

Technical: Deployment & Management

How did you hear about this event? *

EdTechTeacher web site or blog

Current/Past EdTechTeacher T21 Participant

Referral from a school administrator or colleague

Search Engine/Google

Referral from another web site

Attended the first EdTechTeacher iPad Summit

EdTechTeacher Newsletter or Email Invitation

EdTechTeacher Newsletter Sign Up *

I acknowledge that by completing this registration, I will also receive MONTHLY EdTechTeacher newsletters in addition to updates about the EdTechTeacher iPad Summit. _____

Pre-Conference Workshop Questions (if applicable)

Please select your Pre-Conference workshop:

- iPads in the Elementary Classroom
- The iPad Classroom (Middle & High School)
- Creating Digital & Multimedia Content
- Advanced iPad Classroom

How would you rate your proficiency level with iPads?

- I'm just a beginner. I've only had an iPad for a short while.
- I'm pretty proficient. I've been using my iPad for most of the year.
- I'm a power-user and could probably help teach this workshop.

Does your school have a shared or 1:1 program?

- Shared iPads
- 1:1 iPads
- No Program/ Not Applicable

Have you previously attended an EdTechTeacher iPad Workshop or the 2012 iPad Summit? yes no

Attendee #2

First Name * _____

Last Name * _____

Job Title (include grade & subject if applicable) * _____

School or Organization * _____

Email Address * _____

Contact Phone Number * _____

Mailing Address _____

Ticket Type * ___ Pre-Conference Workshop ___ Conference (check all that apply)

In which Conference strand(s) are you most interested (if applicable)?

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Attendee #3

First Name * _____

Last Name * _____

Job Title (include grade & subject if applicable) * _____

School or Organization * _____

Email Address * _____

Contact Phone Number * _____

Mailing Address _____

Ticket Type * ___ Pre-Conference Workshop ___ Conference (check all that apply)

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First Name * _____

Last Name * _____

Job Title (include grade & subject if applicable) * _____

School or Organization * _____

Email Address * _____

Contact Phone Number * _____

Mailing Address _____

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Attendee #5

First Name * _____

Last Name * _____

Job Title (include grade & subject if applicable) * _____

School or Organization * _____

Email Address * _____

Contact Phone Number * _____

Mailing Address _____

Ticket Type * ___ Pre-Conference Workshop ___ Conference (check all that apply)

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