



2019 TEDPA Conference State Member Registration

STATE ADMINISTRATOR INFORMATION	
<small>Primary Contact Person</small>	
Agency/Organization	
Administrator	
Title	
Address	
Address 2	
City, State & Zip	
Phone Number	
Fax Number	
Email	
Conference Attendees	
<small>Please fill in the attendee name, select an accommodation, and a dietary restriction option (if no dietary consideration is needed, leave blank)</small>	
Attendee #1 – Name	
Accommodation	<input type="checkbox"/> No accommodation <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> CART <input type="checkbox"/> FM <input type="checkbox"/> Other (please explain):
Dietary Restriction	<input type="checkbox"/> None <input type="checkbox"/> Non-Dairy <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Diabetic <input type="checkbox"/> Other <input type="checkbox"/> Kosher
Registration for One Attendee	<input type="checkbox"/> Early Bird ON OR BEFORE 8/5/19 - \$300.00 <input type="checkbox"/> Late Registration After 8/5/19 - \$325.00
Attendee #2 – Name	
Accommodation	<input type="checkbox"/> No accommodation <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> CART <input type="checkbox"/> FM <input type="checkbox"/> Other (please explain):
Dietary Restriction	<input type="checkbox"/> None <input type="checkbox"/> Non-Dairy <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Diabetic <input type="checkbox"/> Other <input type="checkbox"/> Kosher
Registration for Two Attendees	<input type="checkbox"/> Early Bird ON OR BEFORE 8/5/19 - \$600.00 <input type="checkbox"/> Late Registration After 8/5/19 - \$650.00



Attendee #3	
Accommodation	<input type="checkbox"/> No accommodation <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> CART <input type="checkbox"/> FM <input type="checkbox"/> Other (please explain):
Dietary Restriction	<input type="checkbox"/> None <input type="checkbox"/> Non-Dairy <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Diabetic <input type="checkbox"/> Other <input type="checkbox"/> Kosher
Registration for Three Attendees	<input type="checkbox"/> Early Bird ON OR BEFORE 8/5/19 - \$900.00 <input type="checkbox"/> Late Registration After 8/5/19 - \$975.00
Attendee #4	
Accommodation	<input type="checkbox"/> No accommodation <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> CART <input type="checkbox"/> FM <input type="checkbox"/> Other (please explain):
Dietary Restriction	<input type="checkbox"/> None <input type="checkbox"/> Non-Dairy <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Diabetic <input type="checkbox"/> Other <input type="checkbox"/> Kosher
Registration for Four Attendees	<input type="checkbox"/> Early Bird ON OR BEFORE 8/5/19 - \$1,200.00 <input type="checkbox"/> Late Registration After 8/5/19 - \$1,300.00
<h3>Registration Total & Payment Options</h3> <p>Please Enter Your Total Number of Attendees & Select Your Payment Type</p>	
Total Registration Amount: \$	<input type="checkbox"/> Check – Please Attach Check <input type="checkbox"/> Purchase Order <input type="checkbox"/> PayPal (3% fee will apply)
Please make check payable to: TEDPA Tiffany Wilson, Treasurer c/o ATLA 3330 Arctic Blvd, STE 101 Anchorage, AK 99503 Email: tedpatreasurer@gmail.com	