

Registration Form

**If submitting by mail, send by
June 29, 2018 to:**

Southern Regional Education Board
 Attn: HSTW Staff Development Conference
 592 10th St. N.W.
 Atlanta, GA 30318

**If submitting by fax, send by
June 29, 2018 to:**

(404) 872-1477
 Attn: HSTW Staff Development Conference

**Register online through June 29, 2018
at: www.sreb.org/summerconference or
www.sreb.org/networkingconference**

If you wish to pay by credit card, you must register online. All credit card transactions are subject to a 10 percent processing fee.

A check, money order, contracted services school ID number or a copy of your purchase order must accompany the registration form. All registrations paid for on the same purchase order or code number must be attached and mailed as a group. Each individual will be notified electronically of the status of his or her registration. Please ensure the email address provided can be accessed through July. All communications will be electronic. **We reserve the right to close registration before the deadline date due to registration numbers.**

Please note:

- Even if payment is sent with registration, complete the Billing Contact section.
- Complete all pages of this form and print clearly.

Registration Options	Date	Price
Networking Conference Only	July 9-11, 2018	\$225
HSTW Staff Development Conference & College- and Career-Readiness Standards Networking Conference Only	July 9-14, 2018	\$400
HSTW Staff Development Conference Only	July 11-14, 2018	\$300
HSTW One-Day Registration: (Thursday or Friday)	July 12 or 13, 2018	\$150
Spouse/Guest *		\$80

Spaces are provided in the attendee section on the next page to select the conference(s) you wish to attend. A conference must be chosen for the attendee to be registered. *Spouse/Guest registrations only include admission to the exhibit hall, meals and refreshment breaks.

Billing Contact

(This is the person who will receive the invoice for payment.)

FIRST NAME _____		LAST NAME _____	JOB TITLE _____
EMAIL ADDRESS (REQUIRED) _____			
BILLING ORGANIZATION _____		BILLING PHONE _____	
BILLING ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____	

Method of Payment

- Check/Money Order # _____
 (Your check or money order must accompany this form.)
- Purchase Order # _____
 (A copy of your purchase order must accompany this form.)
- Contracted Services # _____
- Total Amount Enclosed \$** _____

Privacy Statement

SREB will not sell your information. However, you may receive email messages from SREB with information about upcoming events or other program news and services.

Attendees

Please note: This page can be printed out and used as many times as needed. If all information is not filled out, we cannot guarantee that your registration form will be entered into our system correctly.

First Name _____ Last Name _____
Email _____
Job Title _____ Content Area _____
District _____ School _____

Conference (Choose ONE)

- HSTW Staff Development Conference Only
- HSTW Staff Development Conference & Networking Conference
- Networking Conference Only
- HSTW One-Day Registration: Thursday or Friday
- Spouse/Guest

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Job Title _____ Content Area _____
District _____ School _____

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- Networking Conference Only
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- Spouse/Guest

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- Networking Conference Only
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