

2017 KySTE Conference Registration Form

March 8 – 10, 2017
Galt House Hotel – Louisville, KY

Mr. Mrs. Ms Dr. Name _____

Job Title *(printed on name badge)* _____

Twitter Handle *(printed on name badge)* _____

School District _____

Organization *(printed on name badge)* _____

Work Address _____

City, State, Zip Code _____

Work Phone _____ Cell Phone _____

Email Address _____ *Your email address is used for membership and to provide conference updates and communication about registration.*

Position
Select One of the following:

<input type="checkbox"/> STLP	<input type="checkbox"/> DTC/CIO	<input type="checkbox"/> ADMINISTRATOR	<input type="checkbox"/> VENDOR/BUSINESS
<input type="checkbox"/> TRT/TIS	<input type="checkbox"/> K-12 TEACHER	<input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> OTHER
<input type="checkbox"/> KIDS	<input type="checkbox"/> LIBRARY MEDIA SPECIALIST	<input type="checkbox"/> COLLEGE PROFESSOR	

Conference T-Shirt *Included with conference registration.* Small Medium Large X-Large XX-Large XXX-Large

KySTE Membership *Dues are for 07/01/16 – 06/30/17.* \$25 KySTE 2016-2017 membership.

Conference Registration

Member Rates

- \$179 Full Conference
- \$ 80 Wednesday Workshops
- \$120 Thursday Only
- \$ 80 Friday Only
- \$ 25 Student Full Conference
- \$ 80 Vendor Hall Only *

Non-member Rates

- \$209 Full Conference
- \$130 Wednesday Workshops Only
- \$150 Thursday Only
- \$110 Friday Only
- \$ 55 Student Full Conference
- \$110 Vendor Hall Only *

Wednesday Workshops *Included with conference registration.*

- | | |
|--|--|
| <input type="checkbox"/> DTC/CIO Summit | <input type="checkbox"/> Library Media Specialist |
| <input type="checkbox"/> STLP | <input type="checkbox"/> CIITS |
| <input type="checkbox"/> Infinite Campus | <input type="checkbox"/> Computer Science and Gaming |
| <input type="checkbox"/> TRT/TIS | <input type="checkbox"/> Imagine Academy MOS |
| <input type="checkbox"/> Technical | <input type="checkbox"/> Imagine Academy MTA |

(*See schedule for hours)

KySTE Members Reception *Included with conference registration.* I am a KySTE member and plan to attend this event.

I would like to receive offers and information from KySTE Vendors

Total Due \$

Check made payable to KySTE enclosed. *The return of a check issued to KySTE will result in a \$20.00 returned check fee being added to the attendee's registration.*

Purchase Order Number

Billing Organization _____

Billing Email Address _____

Billing Address _____

For Credit Card Purchases please use the online registration form.

Cancellation Policy: Registration is considered complete upon submission of registration form. All cancellations and requests for refunds must be made by February 17, 2017 and will be subject to a \$10 administrative fee. Membership is non-refundable. There are NO CANCELLATIONS OR REFUNDS due to weather, illness, or any other interfering event after the cancellation deadline. Substitutions may be made in lieu of cancellation.

Submit Forms

Online:
www.kyste.org

Email:
registration@tmcshows.com

Fax:
904.339.9450

Mail:
KySTE
c/o Total Meeting Concepts
PO Box 13986, Tallahassee, FL 32317