

# 2018 KySTE Conference Registration Form

For Credit Card Purchases please use the online form.

For use after **February 16, 2018**.

**March 7 – 9, 2018**

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

Work City, State, Zip Code

Work Phone

Cell Phone

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

Email Address

**Position** Select One:  STLP  KIDS  K-12 TEACHER  ADMINISTRATOR  COLLEGE PROFESSOR  
 TRT/TIS  DTC/CIO  LIBRARY MEDIA SPECIALIST  TECHNICIAN  OTHER

I would like to receive offers and information from KySTE Vendors

## \$25 KySTE 2017- 2018 Membership

Membership will be valid from (07/01/17 – 06/30/18)

### Attendee Rates

- \$234 Full Conference
- \$155 Wednesday Workshops
- \$175 Thursday Only
- \$135 Friday Only
- \$ 80 Student Full Conference (Pre-service teacher, student id required)
- \$100 Vendor Hall Only

## Wednesday Workshops Included with conference registration.

Please select one option that you are most interested in attending on Wednesday for planning purposes. Participants are allowed to attend workshop sessions from other threads.

- Alice Keeler Featured Presenter Workshop
- Kathy Schrock Featured Presenter Workshop
- DTC/CIO Summit
- Technical Thread Workshops
- KySTE Members Reception** (Current KySTE members only)

## **Total Due \$**

Check payable to KySTE enclosed. **The return of check issued to KySTE will result in a \$20.00 returned check fee.**

Purchase Order Number

Billing Organization

Invoice will be emailed to address provided.

Billing Email Address

### Cancellation Policy:

Registration is considered complete upon submission of form. Cancellations & requests for refunds must be made by February 16, 2018 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](http://www.kyste.org)

**Email:**  
registration@tmcshows.com

**Fax:**  
904.339.9450

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