Kennesaw State University and the Georgia Department of Education
Title III present the 17th Annual ESOL Conference

Items in red are required

Representative Information

First Name: ___________________________ MI: _____ Last Name: ________________________________

Badge Name: ________________________________

Organization: ____________________________________________

Title: ____________________________________________

Address: ____________________________________________

City, State, Zip: ________________________________

Telephone: ___________________________ Fax: ________________________________

Email Address: ____________________________________________

Share Email: □ Yes □ No School District/Organization: ________________________________

Title: ___________________________ Grade Level: __________________

Subject Area: ____________________________________________

Registration and Fees

Please check which day(s) you are presenting. Presenters are only charged a one-time $30 fee, even if presenting on more than one day.

□ February 6, 2018: Elementary School Teachers

□ February 7, 2018: Elementary School Teachers

□ February 8, 2018: Middle School & High School Teachers

Accommodation Requests

Vegetarian Meals: □

Assistance at Conference (specify): ____________________________________________

Other (specify): ____________________________________________

Event Materials:  Braille □  Large Print □  CD □
**Payment**

- [ ] Check
- [ ] Purchase Order
- [ ] KSU Employee Owl Pay (see below for instructions)
- [ ] Credit Card - *If paying by credit card, please fax this form to 470-578-9085 or mail to the address below. We cannot accept credit card payments by e-mail.*
  - [ ] MasterCard
  - [ ] Visa
  - [ ] Discover
  - [ ] American Express
  
  Card Number: ____________________________  Expiration: _____/____  CVV#: ________
  
  Name on Card: ____________________________
  
  Billing Address (if different from above): ______________________________________
  
  City, State, Zip: ____________________________

**CHECK OR PURCHASE ORDER:**

When paying by check or purchase order, print a copy of this Registration Form and mail, email and/or fax with your payment and/or purchase order. DO NOT SUBMIT ONLINE.

Attendees will receive a registration receipt from Kennesaw State University’s College of Continuing and Professional Education.

Attendees are NOT registered for the conference until payment or purchase order is received, AND a receipt from Kennesaw State University has been issued confirming registration for the event.

Checks should be made payable to **Kennesaw State University**.

Send check or purchase order to:

**Kennesaw State University**

College of Continuing and Professional Education

Attn: Conference Registration

3333 Busbee Dr MD #3301

Kennesaw, GA 30144

Phone: 470-578-6765 / 1.800.869.1151

Fax Number: 470-578-9085

Email: conferences@kennesaw.edu
FOR KSU EMPLOYEES ONLY:

1. Registration form must be filled out and signed by employee, immediate supervisor and Business Manager (if applicable). Supervisor/Business Manager should fill out speedchart number.
2. Registration form should be faxed to 470-578-9085 or emailed to conferences@kennesaw.edu.
3. The College of Continuing and Professional Education will initiate Owl Pay Request.

Employee Name (please print): ___________________________________________________________
Employee Signature: ___________________________ Date: __________________

Department Name: _____________________________________________________________________
Department Speedchart: ____________________________ Account Number: 727110

By signing below, I agree to allow CCPE to process Owl Pay request using the speedchart and account number provided above. Requesting department should not generate Owl Pay request.

Supervisor Name (please print): _________________________________________________________
Supervisor Signature: ___________________________ Date: __________________

Business Manager Name (please print): _____________________________________________________
Business Manager Signature: ___________________________ Date: __________________