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

GROUP REGISTRATION

Group Coordinator Contact Information:
*Please complete all fields*
First Name: ___________________________ Last Name: ___________________________
School District/Organization: ______________________________________________________
Street Address: _________________________________________________________________
City: ___________________________ State: ________ Zip Code: ___________________________
Daytime Telephone: ___________________________ Fax: ___________________________
Email: __________________________________________

Registration & Fees
February 6 & 7, 2018 – Elementary School Teachers
February 8, 2018 – Middle & High School Teachers
Attendees may select, attend, and pay for more than one conference day.

**Early Bird Rate: $110 per attendee per day (available until November 30th, 2017)**

**Rates increase to $130 per attendee per day (December 1st, 2017 – January 19th, 2018)**

**Presenter Rate: One-Time $30 Fee**

Attendees are encouraged to register EARLY. This conference is usually FULL by the first week of January.
**Group Attendee Information** – please fill out form completely for each attendee

If an Attendee is a **Presenter**, please write yes or no in the column below. There is a $30 one-time registration fee for Presenters.

<table>
<thead>
<tr>
<th>Name</th>
<th>Presenter (Yes or No)</th>
<th>Email</th>
<th>Day(s) Attending Feb 6</th>
<th>Feb 7</th>
<th>Feb 8</th>
<th>KSU Alumni</th>
<th>Vegetarian Meals</th>
<th>Other Assistance Needed (specify)</th>
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To add more attendees, please copy this page.
Summary of Registrations:
Please add the total number of attendees per day below.

Total Attendees on Tuesday, February 6: Qty: _________ @ $110 per Attendee = $________________
Total Attendees on Wednesday, February 7: Qty: _________ @ $110 per Attendee = $________________
Total Attendees on Thursday, February 8: Qty: _________ @ $110 per Attendee = $________________
Total Number of Presenters: Qty: _________ @ $30 per Presenter = $________________

Total for all Attendees & Presenters = $________________

Payment:

☐ 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.

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover
Card Number: _______________________________________________ Expiration: _____/______ CVV: _______________
Name on Card: _______________________________________________________________________________________
Billing Address: _______________________________________________________________________________________
City: ____________ State: _____ Zip Code: ____________

☐ Check
☐ Purchase Order

• When paying by check or purchase order, print a copy of this Group 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 receive, 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: 470-578-9085
  Email: conferences@kennesaw.edu