

## California Science Education Conference

OCTOBER 13-15, 2017 • SACRAMENTO, CA ONSITE REGISTRATION FORM



| 1) REGISTRANT INFORMATION   |                              |  |                           |                                       |                      |
|---|------------------------------|--|---------------------------|---------------------------------------|----------------------|
| ADDRESS Home Business   |                              |  |                           |                                       |                      |
| CITY, STATE ZIP   |                              |  |                           |                                       |                      |
| <ul> <li>Please do not include my name on r</li> </ul>  |                              |  |                           |                                       |                      |
|   | 0                            |  | TM                        | ודדר ח                                |                      |
| EMAIL*<br>*By providing your email address, you a   | re consenting to be communic | ated with electronically by C            | STA. Your consent may b   | ITTER<br>e revoked by notifying CSTA. |                      |
|   | WORK PHONE                   |  |                           |                                       |                      |
|   | SCHOOL                       |  |                           |                                       |                      |
| EMERGENCY CONTACT NAME & PHONE  |                              |  |                           |                                       |                      |
| <b>2) MEMBERSHIP 1</b> Year (\$50)  | New Teacher-2 Years (\$50)   |  | □ Lifetime (\$500)        | Preservice (\$25)                     | \$                   |
| 2) DECICIDATION Includes access to w  |                              |  | re on the days you are re |                                       |                      |
| 3) REGISTRATION Includes access to workshops, exhibit hall, general sessions, and focus speakers on the days you are registered.<br>On-site |                              |  |                           |                                       |                      |
| Registration Type   |                              |  |                           | After 9/25                            |                      |
| <b>CSTA Members</b> (paid through 11/1/   | 17 or later)                 |  |                           | ¢10F                                  | ŕ                    |
| <ul> <li>Full Registration (FriSun.)</li> <li>Weekend Only (Sat. &amp; Sun.)</li> </ul>   |                              |  |                           | \$195<br>\$165                        | \$<br>\$             |
| <ul> <li>Preservice Full Registration (FriS</li> </ul>  | Sun.)                        |  |                           | \$105                                 | \$<br>\$             |
| Preservice Weekend Only (Sat. &   |                              |  |                           |                                       | \$                   |
| Nonmembers  |                              |  | •••••                     | ••••••                                | •••••••              |
| Full Registration (FriSun.)   |                              |  |                           | \$270                                 | \$                   |
| U Weekend Only Registration (Sat.   | & Sun.)                      |  |                           | \$235                                 | \$                   |
| Guests Guest (FriSun.)  |                              |  |                           | \$98                                  | ¢                    |
|   |                              |  |                           | ψνυ                                   | \$<br>TOTAL \$       |
| L   |                              |  |                           |                                       |                      |
| 4) TICKETED EVENTS  | <b>.</b>                     |  |                           |                                       |                      |
| Primary and Upper Elementary Pat  |                              |  | <b>C</b> "                | -                                     | Total \$             |
| Short Courses: Course #<br>Field Courses: Course #  |                              |  |                           |                                       |                      |
| Awards Lunch – Page Keeley: #Atte   |                              |  | Course #                  | Fee                                   | lotal \$<br>Total \$ |
| Friday – Paint & Wine: #Attending_  | •                            | rson<br>I <b>MAX Movie:</b> #Attending _ | ¢                         | 15 nor norcon                         | Total \$             |
| Saturday - Pub Crawl: #Attending_   |                              | Hacker Lab: #Attending                   |                           | )13 hei heizon                        | Total \$             |
| Juniury in court machines   | # to per person -            |  | \$ 10 per perse           |                                       | TOTAL \$             |
|   |                              |  |                           |                                       |                      |
| 5) PAYMENT INFORMATION<br>Payment may be made by check, pur   | where order Vica MasterCard  | American Express or Discov               | or                        |                                       |                      |
| <ul> <li>Check/P.O. enclosed (payable to C</li> </ul>   |                              | •  |                           | der <u>must</u> accompany this forn   | nl                   |
| □ Charge My □ Visa □ MasterCa   |                              | Account #                                |                           |                                       |                      |
| Name on Card  |                              |  |                           |                                       |                      |
| Billing Address (if different than  |                              |  |                           |                                       |                      |
|   |                              |  |                           |                                       |                      |
| City/State/Zip  |                              |  |                           |                                       |                      |
| Signature   |                              |  |                           | urity Code Exp. Da                    |                      |
| By registering for the 2017 California  | Science Education Conference | , vou agree to the Registration          | on Terms and Conditions   | s provided in the registration l      | brochure.            |