

First Name	Last Name	Title	
Primary Address	City	State	Zip/Postal Code
School / Organization	County/District		
Daytime Phone	E-mail Address	(Your e-mail address is used to communicate with you about your registration, related products and services, and offers from select vendors. Refer to our privacy policy at www.1105media.com/privacy.aspx for additional information.)	

Conference Pricing

	Pre-Registration (Before or on 12/17/10)	Late Registration (After 12/17/10)	On-Site Registration
<input type="checkbox"/> Full Conference Registration Fee	\$215	\$265	\$265
<input type="checkbox"/> Single Day Fee Tuesday/Wednesday/Thursday (circle one)	\$140	\$175	\$175
Discount Packages Available during Pre, Late and On-site Registration		Discount Off Full Registration Fee	
<input type="checkbox"/> Full Conference Registration Discount with purchase of 3/6/9 workshop hours		\$25/\$50/\$75	

Please use the letter/number code when registering for workshops. (Example: WF01) If your first choice is filled, we will make every attempt to give you your alternate choice. Fees are listed individually in this brochure. Full payment required to reserve your seat.

Workshop Selection

		1st Choice	2nd Choice	Workshop Fee
Monday, January 31	8:00 am – 3:00 pm	MF	MF	
	8:00 – 11:00 am	MA	MA	
	12:00 – 3:00 pm	MP	MP	
	4:00 – 7:00 pm	ME	ME	
Tuesday, February 1	8:00 am – 3:00 pm	TF	TF	
	8:00 – 11:00 am	TA	TA	
	12:00 – 3:00 pm	TP	TP	
Wednesday, February 2	8:00 am – 3:00 pm	WF	WF	
	8:00 – 11:00 am	WA	WA	
	12:00 – 3:00 pm	WP	WP	
	4:00 – 7:00 pm	WE	WE	
Thursday, February 3	8:00 - 11:00 am	THA	THA	
Conference Fee				
Total Workshop Registration Fee				
Discount for purchase of ___ workshop hours				
Promo Code Credit: _____				
TOTAL FEE DUE				

Payment Information

Charge My Credit Card: Visa MC AMEX

Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Signature of Cardholder _____

Check/Money Order Enclosed

(Please make checks payable to FETC, FEIN # 20-4583700, U.S. funds only.)

Invoice My Institution

(Please submit a separate registration form for each person on the Purchase Order). You must include a copy of the Purchase Order with the registration form(s). A requisition number will not be accepted.

Purchase Order Number: _____

Please Email Invoice To: _____

Email Address _____

Organization _____

Contact Name _____

Mailing address: P.O. Box 522, Brookfield, IL 60513-0522

Toll free: 877.303.0718

Fax: 708.344.4444

Local and international: 708.486.0718

E-mail: fetc@compusystems.com

Demographics

General Information: (check all that apply)

- I am a first time attendee at FETC.
- Please do not release my name to exhibitors.
- I would like more information on being a volunteer.
- I require special assistance.
 - Wheelchair Hearing Interpreter
 - Other

Sector: (check one)

- Public Education
- Private Education
- Home School
- EdTech Industry
- Other

Level: (check one)

- Dept/Board of Education:
 - Federal State

Post Secondary:

- 4 yr. 2 yr.

District:

- MIS/IT
- Professional Development
- Curriculum Support
- ESE Other

School:

- Pre-K K-5
- 6-8 9-12
- Vocational/Adult Other

Position: (check one)

- Superintendent/Asst. Superintendent
- Administrator (Dean, Director, Manager, etc.)
- Principal/Asst. Principal
- Computer/Technology-Using Educator
- Media Specialist
- Technologist (Tech/Computer, Coordinator/Specialist, Network Administrator, etc.)
- Instructional Support Staff
- Non-Instructional Support Staff
- Consultant/Vendor Other

Do you evaluate, recommend, specify, or approve the acquisition of technology products and services?

- Yes No

Would you like to receive a FREE subscription to *T.H.E. Journal*—a monthly publication focused exclusively on technology in K-12 education?

- Yes! I wish to receive a FREE subscription to *T.H.E. Journal* No thank you.

Signature (required) _____ Date _____

Publisher reserves the right to limit the number of complimentary subscriptions.

Emergency Contact _____ Phone _____