

### **59TH ANNUAL TCTELA** CONFERENCE & EXPOSITION

### **KALAHARI RESORTS** & CONVENTIONS

ROUND ROCK • JANUARY 26-28, 2024



# 2024 Conference Registration Form Text

## **JANUARY 26-28, 2024 ROUND ROCK, TX**

CREST and TCTELA are proud to announce a partnership to provide literacy leadership and professional learning opportunities at the TCTELA conference! Will you attend CREST sessions at the conference? Yes / No (Circle one) .....

TCTELA Annual Conference sleeping room discount is available on a limited basis until January 14, 2024. Visit TCTELA.ORG for links to reserve sleeping rooms online.

### **TCTELA MEMBERSHIP**

Membership must be active at the time of registration and at the conference to receive the member rate. Membership is active for 12 months from the date of joining or renewing.

### ELILL CONFEDENCE DACKAGE

FULL CONFERENCE PACKAGE
Includes Friday through Sunday workshops, professional development
luncheons, membership celebration, and poetry reading.

Before 12/15	☐ Member \$375	□ Nonmember \$437
After 12/15	☐ Member \$475	□ Nonmember \$537
Nonmember fee also i	ncludes a profession	al membership for one year.

THREE-DAY, A-LA-CARTE CONFERENCE PASS						
Professional deve	lopment meals are not inc	luded.				
Before 12/15	☐ Member \$275	□ Nonmember \$337				
After 12/15	☐ Member \$342	□ Nonmember \$442				
Nonmember fee also includes a professional membership for one year.						
PROFESSIONAL DEVELOPMENT MEAL TICKETS						
☐ Friday Professional Development with Frin Entrada Kelly*						

\$52.50 ☐ Saturday Professional Development with Kwame Alexander\* \$52.50 \*Included with full conference pass.

### UNDERGRADUATE STUDENT OR RETIRED **CONFERENCE PASS\***

Professional development luncheons are not included.

\*Not working in the industry. (Consultants and teachers getting an advanced degree are considered professionals and should register at either the member or nonmember professional rate.)

**Before 12/15** ☐ Member \$215 □ Nonmember \$250 After 12/15 ☐ Member \$265 □ Nonmember \$300 Nonmember fee also includes a student or retired membership for one year.

### **ONE DAY CONFERENCE PASS**

Professional development meals are not included.

### **Before 12/15**

☐ Friday ☐ Saturday

**GRAND TOTAL \$** 

	□ Sunday	☐ Member \$125	□ Nonmember \$187			
After 12/1!	5					
□ Friday	□ Saturday	☐ Member \$305	☐ Nonmember \$367			
	□ Sunday	☐ Member \$225	☐ Nonmember \$287			
Areas of Interest:						
□ Ambass	ador 🗆 English i	in Texas Reviewer □ Li	teracy Education Day			
□ PD2Teach Ourtreach □ Rising Leader						

☐ Member \$205

□ Nonmember \$267

☐ Suggested Community Outreach Donation \$1 (include in total)

By completing this registration form I understand an app and web program book will be available for registrant to download/print prior to the conference.

The registrant acknowledges that by knowingly submitting a fraudulent P.O. number or by not following your institution's guidelines in obtaining a P.O., the registrant is liable for the full amount of the registration fee.

### REGISTRANT INFORMATION

Terms and Conditions: Refunds before 12/15/23 will be processed with a \$50 cancellation/name change fee, and no refunds will be provided after that date. Incomplete registrations will not be processed. Payment is required by the first day of the conference. Registrants are responsible for submitting an invoice to the institution. Registration is also available online at TCTELA.ORG.

I am registering as a □ Current member			
Name:			
Title:			
☐ Special Dietary N	eeds:		
☐ Home ☐ School A	Address:		
City, State, Zip:			
Phone: (H):	(W	):	
District/Company:_			
School:			
Email address must	(W) be unique for each re ormation will arrive b	gistration form.	
☐ <b>High School-Leve</b> ☐ Please check if you with Disabilities Act Submit separate for	Section	acher Developm s or services under the services under the services under the services under the services are services under the ser	nent der the American ence.
☐ Credit Card ☐ Pe	rsonal Check 🗆 Comp	any Check 🛭 P.	O. Number
Credit Card Info:	☐ MasterCard	□ VISA	☐ Discover
Account Number: _			
Exp. Date:	CSV Code:		
Cardholder Name (p	orint):		
Cardholder Address	:		
City, State, Zip:			
Phone:			
I authorize TCTELA	to charge my credit ca	ard in the amou	nt of
\$			
Authorized Signatur	re:		
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\$	Check #	P.O.#	
Accounting departm	nent representative re	sponsible for pa	ayment:
Name:	Phone		

Contact email: