

# 2019 ASCD CONFERENCE ON EDUCATIONAL LEADERSHIP

Register at [www.ascd.org/cel](http://www.ascd.org/cel)

# REGISTRATION FORM

**YES!** I want to attend the 2019 ASCD Conference on Educational Leadership.  
ONLY ONE REGISTRANT PER FORM. PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE FORMS WILL BE RETURNED.

**PLEASE TYPE OR PRINT FOR NAME BADGE**

NAME\*  MR.  MRS.  MS.  DR.  ASCD MEMBER/CUSTOMER ID (IF KNOWN)

JOB TITLE\* SCHOOL/DISTRICT/COMPANY\*

ADDRESS\*  HOME  WORK

CITY\* STATE/PROVINCE\* ZIP/POSTAL CODE\* COUNTRY

PHONE\*  HOME  WORK

FAX EMAIL\*

\*REQUIRED FIELDS

I have a disability requiring special provisions or services. (ASCD will contact you.)

Yes, I would like to volunteer at the ASCD Conference on Educational Leadership.

• NOTE: Attendees must be 18 years of age or older. Please wait until you have received your registration confirmation via email to make travel arrangements.

**ASCD Member Savings!**

Join NOW to register at the member rate and save up to 20%! Enjoy a full year of benefits, including our award-winning *Educational Leadership*® magazine.

Basic Online \$49  Basic Print \$59

By registering, you acknowledge that you have read and agree to the Conference on Educational Leadership attendance policies posted at [www.ascd.org/eventterms](http://www.ascd.org/eventterms), and authorize ASCD to share your contact information with its affiliates, sponsors, and partners. To opt out of sharing your contact information, or if you have questions regarding the policies, please contact [optout@ascd.org](mailto:optout@ascd.org).

**ASCD Activate users register at the ASCD Member price!**

**STEP 1: CONFERENCE OPTIONS**

CONFERENCE CODE: PD20EL005	Regular Through 11/7	On-Site 11/8-11/10
<b>Conference</b>		
ASCD Member	<input type="radio"/> \$549	<input type="radio"/> \$574
Nonmember	<input type="radio"/> \$659	<input type="radio"/> \$684
Full-Time Student*	<input type="radio"/> \$165	<input type="radio"/> \$190
<b>TEAM REGISTRATION • BRING YOUR TEAM!</b> Every fifth person from your school or organization attends FREE when you register as a group!		
<b>Pre-Conference Institutes (select Full-Day OR Half-Day)</b>		
<b>Full-Day</b> <input type="radio"/> PD20GA001 <input type="radio"/> PD20GA002 <input type="radio"/> PD20GA003 <input type="radio"/> PD20GA004 <input type="radio"/> PD20GA005 <input type="radio"/> PD20GA007		
ASCD Member	<input type="radio"/> \$395 each	<input type="radio"/> \$420 each
Nonmember	<input type="radio"/> \$439 each	<input type="radio"/> \$464 each
<b>Half-Day</b> <input type="radio"/> PD20GA006		
ASCD Member	<input type="radio"/> \$195 each	<input type="radio"/> \$220 each
Nonmember	<input type="radio"/> \$225 each	<input type="radio"/> \$250 each
<b>Keynote Luncheons</b>		
Friday Keynote Luncheon: TK KL01-Pajardo	<input type="radio"/> \$89	
Saturday Keynote Luncheon: TK KL02-Khan	<input type="radio"/> \$89	

\*Full-time students must provide a copy of a current, valid student ID.

**SUBTOTAL: \$** \_\_\_\_\_

**STEP 2: CONFERENCE FEES AND PAYMENT**

CONFERENCE FEE (from Step 1)	\$ _____
PRE-CONFERENCE INSTITUTE FEE + MATERIALS FEE	\$ _____
KEYNOTE LUNCHEON FEE	\$ _____

**TOTAL PAYMENT: \$** \_\_\_\_\_

**STEP 3: PAYMENT OPTIONS**

- Credit Card.** ASCD accepts MasterCard, VISA, American Express, or Discover Card. Credit card orders are not accepted via email.
  - Register online at [www.ascd.org/cel](http://www.ascd.org/cel).
  - Call 1-800-933-ASCD (2723) or 1-703-578-9600. Please have your credit card number ready. ¡Se habla Español!
  - Mail to ASCD Conference Registration, P.O. Box 826887, Philadelphia, PA 19282-6887 USA
- Purchase Order.**
  - All purchase orders for pre-conference and conference registrations, luncheons, and other sessions must be paid in full within 30 days of the invoice date. **No purchase orders will be accepted on-site.** Cash, checks, and credit cards only.
  - Fax to 1-703-575-5414. • Email to [registration@ascd.org](mailto:registration@ascd.org).
- Check.** Mail to ASCD Conference Registration, P.O. Box 826887, Philadelphia, PA 19282-6887 USA
- Wire Transfer.** Email [registration@ascd.org](mailto:registration@ascd.org) for transfer procedures.
- ASCD Gift Certificates/PD Voucher.** Mail to ASCD Conference Registration, P.O. Box 826887, Philadelphia, PA 19182-6887 USA

If you are registering more than one person, please fax your registration forms to 1-703-575-5414.

CHARGE MY:  MasterCard  VISA  AMEX  DISCOVER

ACCOUNT NO.: \_\_\_\_\_

EXPIRATION (MM/YY): \_\_\_\_\_ CSV #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME ON CREDIT CARD (PLEASE PRINT): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Team Registration.** Please fax your group registration forms to 1-703-575-5414