

## 2016 ACTE Region I Conference April 13 - 15, 2016

## Cincinnati, OH

Full Name:	Badge	Name:		
School/Organization:				
Position:	ACTE Member ID# (If Applicable)			
Mailing Address:				
City:	State/Province:		Zip Code:	
Telephone:	Email Address:			
Registration Fees (All fees listed in U.S. Fundamental Control of the Control of	ds.)			
(on	<b>Early</b> or before March 23)	<b>Late</b> (After March 23)		
□ Member □ Non-Member	\$200.00 \$300.00	\$225.00 \$325.00		
	т	otal Due		
Payment Method: Registrations will not be ac	ccepted without p	ayment.		
☐ Credit Card: (Preferred method)				
Online <b>only</b> at <b>www.acteonline.org</b> (Visa, MC, AMEX and Discover accepted) DO NOT FAX				
☐ Checks: (Copy of registration form must accompany th NOT be accepted. DO NOT fax.)	e check payment. Cop	pies of checks will		
Payable to ACTE (in U.S. dollars and withdrawn in a U.S. Remit to: P.O. BOX 758621, Baltimore, MD 21275-8		rs to process)		
☐ Purchase Order Fax to 703-683-7424 (Allow 5-7 business days to proce	ess) (Copy of the P.O.	must accompany the completed	d registration form)	
Cancellations/Refunds:				

Cancellations/Changes and Refunds: Written requests for refunds or cancellations should be emailed to: <a href="mailto:registration@acteonline.org">registration@acteonline.org</a>. All requests must be received by February 13, 2016.

## Refund percentages are as follows:

A \$50 cancellation fee per individual will be deducted from any refund request received on or before February 13, 2016. Cancellations received after February 13, 2016, are non-refundable.