Group Registration Form

Purchasing 5 or more TCEA registrations at once is very beneficial!

Event Name: _____

TCEA Member Price: _____

TCEA Non-Member Price: _____

step one

Insert the registration fees based on the amounts listed online at: www.tcea.org/learn

Primary Contact Name _____

District _____

Phone _____

Email _____

step two

Your contact information (or who should be contacted with questions on this group registration)

Purchase Order

P.O. # _____

(A copy of the purchase order must be sent by fax, mail, or email within 30 days of submitting this form. P.O. number alone will not serve as payment.)

Check

Check # _____ Amount on Check _____

Credit Card

Credit Card # _____ CSV _____ Expiration __/___

Type (circle): Master Card | American Express | Visa | Discover

I authorize TCEA to charge $ _____

Name on Card _____

Cardholder's Signature _____

step three

Please indicate payment information or submit within 30 days of this request. Registrations not paid within 30 days will be cancelled.

Next page for the final step.

step four

Provide details requested for each of the persons on the group registration

Name (Last, First)	**School Level** (Elementary K-5, Middle 6-8, Secondary 9-12, District/Admin, or Higher Ed)	**Position/Job Title**	**Mailing Address**	**Work Phone**	**Email**	**Registration Type and Fee**

Each of the above listed will receive a confirmation email. If the above listed individuals do not currently have a TCEA account, they will be emailed individually with their assigned password and directions on how to update their profile.

Return this form to:

TCEA
ATTN: Registration
PO Box 18507
Austin, TX 78760

Phone: (512) 476-8500
Fax: (512) 476-8574
Email: tceaoffice@tcea.org