



REGISTRATION FORM

TESOL 2016 International Convention & English Language Expo

5-8 APRIL 2016 • BALTIMORE, MARYLAND, USA

REGISTRANT INFORMATION

TESOL MEMBERSHIP #:	EXPIRATION DATE:
LAST (FAMILY) NAME:	
FIRST (GIVEN) NAME:	MIDDLE INITIAL:
MAILING ADDRESS IS: <input type="checkbox"/> Home <input type="checkbox"/> Office (please check one)	
INSTITUTION OR COMPANY:	
MAILING ADDRESS:	
CITY:	STATE/PROVINCE:
ZIP/POSTAL CODE:	COUNTRY:
TELEPHONE:	
FAX:	
E-MAIL:	

BADGE INFORMATION (please complete this section ONLY if this information is different from above)

BADGE NAME:	
INSTITUTION/COMPANY:	
CITY:	STATE/PROVINCE:
COUNTRY:	

TELL US ABOUT YOURSELF

Are you a new member of TESOL?

☐ Yes ☐ No

Are you a new teacher (teaching 2 years or less)?

☐ Yes ☐ No

1. Please indicate your teaching status. Are you

- ☐ A. Full Time
☐ B. Part Time
☐ C. Student
☐ D. Retired

2. Position (CHECK ALL THAT APPLY)

- ☐ A. Classroom Teacher
☐ B. Professor
☐ C. Dept. Head/Chair
☐ D. Principal
☐ E. Supervisor/Coordinator
☐ F. Administrator
☐ G. Student
☐ H. Consultant
☐ I. Teacher Educator
☐ J. Director
☐ K. Researcher
☐ L. Other

3. Institution/Instructional Level

(CHECK ALL THAT APPLY)

- ☐ A. Pre-K
☐ B. Elementary School
☐ C. Middle School
☐ D. Secondary School
☐ E. 2-year/Community College
☐ F. 4-year College
☐ G. Graduate/Postgraduate
☐ H. Business/Corporate
☐ I. Nonprofit
☐ J. Religious Institution
☐ K. Adult Education Program
☐ L. TESL/TEFL Certificate Program

4. Primary Area of Practice

(CHECK ONLY ONE)

- ☐ A. ESL/EFL Instructor
☐ B. ESL/EFL Educator
☐ C. ESL/EFL Education with some Mainstream Instruction
☐ D. Mainstream with some ESL/EFL Instruction
☐ E. Mainstream Educator
☐ F. Applied Linguistics
☐ G. Bilingual Educator
☐ H. TEFL/TESL Instructor
☐ I. TEFL/TESL Educator

5. Decision Making

- ☐ A. Recommend Products and Services
☐ B. Identify Needs/Make Purchases
☐ C. Give Final Purchase Approval
☐ D. No Purchasing Authority
☐ E. Able to Hire/Make HR Decisions

6. Plan on Recommending/Purchasing Products I See at the Expo Within

(CHECK ONLY ONE)

- ☐ A. 0-6 Months
☐ B. 7-9 Months
☐ C. 10-12 Months
☐ D. Not applicable

May TESOL provide your registration address to exhibitors and other interested educational organizations? ☐ Yes ☐ No

Interpreter Services/Special Needs:

Please contact Convention Services at conventions@tesol.org by 5 March 2016 about ASL interpreter services or other special needs.

IMPORTANT: By submitting this registration form you are acknowledging that you have read and understand the [registration, membership, and cancellation policies](#) of the TESOL International Convention & English Language Expo.

REGISTRANTS: Please read [registration policies](#) before completing this form.

IMPORTANT: Registrations must be submitted or postmarked by 11:59 pm EST on 22 January 2016 to qualify for the advance registration rate. Registrants wishing to register at the member rates must hold active membership in TESOL through 8 April 2016.

Register [online](#)

Or mail or fax registration form to

TESOL 2016 REGISTRATION SERVICES

c/o Showcare Event Solutions
1200 G Street NW, Suite 800
Washington, D.C. 20005-6705 USA

TEL. 866.999.3032 (U.S. and Canada)
Or +1 514.228.3074 (international)

FAX 888.289.9844 (U.S. and Canada)
Or +1 514.289.9844 (international)

E-MAIL TESOL@Showcare.com

[*Click here to convert to your local time](#)

NAME OF REGISTRANT

LAST (FAMILY) NAME

FIRST (GIVEN) NAME

TELEPHONE NUMBER

A. Registration and Dues (check appropriate boxes below)

	Early Registration (on or before 22 January)	Advance Registration (23 January–22 February)	Dues (C200)	Additional Dues (C201)	Subtotal
<input type="checkbox"/> 1. Member Registration	US \$345	US \$425	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 2. 2nd–4th Member Registration from Same Institution	US \$325	N/A	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 3. Member Group Registration +	US \$310	US \$380	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 4. Nonmember Registration	US \$585	US \$700	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 5. Nonmember Group Registration+	US \$540	US \$650	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 6. Student Member Registration**	US \$150	US \$205	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 7. Student Member Group Registration**	US \$135	US \$180	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 8. Retired Member Registration	US \$190	US \$235	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 9. Global Member Registration	US \$295	N/A	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 10. Global Member Group Registration	US \$250	N/A	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> 11. PreK–12 or Community College Preconvention Workshop Only	–see section B below–				
<input type="checkbox"/> 12. PCI Only	–see section B below–				
				Total A	\$ _____

** Students must provide proof of full-time status upon registering. See the [TESOL membership page](#) for details about membership.

+ A school or district is eligible for group rates if sending 5 or more attendees. All registrations included in the group must be sent in at the same time and received by 22 February.

B. Ticketed Events/Optional Fees

Please indicate your first choice and alternates in the spaces below.

☐ **PreK–12 Day Preconvention Workshop** — Please go to the [PreK–12 Day webpage](#) for workshop numbers. If you attend PreK–12 Day, you must choose a first and alternate workshop for every time slot. All workshops occur on Monday, 4 April 2016.

By 22 January: ☐ TESOL Member US \$215 ☐ Nonmember US \$245
☐ TESOL Member Group US \$180 ☐ Nonmember Group US \$205
After 22 January: ☐ TESOL Member US \$270 ☐ Nonmember US \$300

COST \$ _____

FIRST CHOICE ALTERNATE

[PreK–12 8:30 am A–E] 8:30 am–9:45 am _____
 [PreK–12 10 am A–E] 10 am–11:15 am _____
 [PreK–12 11:30 am] 11:30 am–12:30 pm, Keynote ☐
 [PreK–12 12:30 pm] 12:30 pm–1:15 pm, Networking Lunch ☐
 [PreK–12 1:30 pm A–E] 1:30 pm–2:45 pm _____
 [PreK–12 3 pm A–E] 3 pm–4:15 pm _____
 [PreK–12 4:30 pm] 4:30 pm–5:30 pm, Panel Discussion ☐

☐ **Community College Day Preconvention Workshop** — Please go to the [website](#) for workshop numbers. If you attend Community College Day, you must choose a first and alternate workshop for every time slot. All workshops occur on Monday, 4 April 2016.

By 22 January: ☐ TESOL Member US \$215 ☐ Nonmember US \$245
☐ TESOL Member Group US \$180 ☐ Nonmember Group US \$205
After 22 January: ☐ TESOL Member US \$270 ☐ Nonmember US \$300

COST \$ _____

FIRST CHOICE ALTERNATE

[CC 8:30 am A–E] 8:30 am–9:45 am _____
 [CC 10 am A–E] 10 am–11:15 am _____
 [CC 11:30 am] 11:30 am–12:30 pm, Keynote ☐
 [CC 12:30 pm] 12:30 pm–1:15 pm, Networking Lunch ☐
 [CC 1:30 pm A–E] 1:30 pm–2:45 pm _____
 [CC 3 pm A–E] 3 pm–4:15 pm _____
 [CC 4:30 pm] 4:30 pm–5:30 pm, Panel Discussion ☐

☐ **Pre- and Postconvention Institutes** — Please go to the [PCI webpage](#) for event numbers.

FULL DAY: **By 22 January:** ☐ TESOL Member US \$195 ☐ Nonmember US \$255
After 22 January: ☐ TESOL Member US \$240 ☐ Nonmember US \$300

FIRST CHOICE ALTERNATE COST

[6–14] Tuesday, 9 am–4 pm _____ \$ _____
HALF DAY: **By 22 January:** ☐ TESOL Member US \$130 ☐ Nonmember US \$170
After 22 January: ☐ TESOL Member US \$160 ☐ Nonmember US \$200
 FIRST CHOICE ALTERNATE COST
 [1–5] Monday, 5 pm–9 pm _____ \$ _____
 [15–19] Tuesday, 8 am–12 pm _____ \$ _____
 [20–26] Tuesday, 1 pm–5 pm _____ \$ _____
 [27–31] Saturday, 8 am–12 pm _____ \$ _____

☐ **Tea With Distinguished TESOLers** — Please refer to the [Tea With Distinguished TESOLers webpage](#) for session titles. US \$45 each.

FIRST CHOICE ALTERNATE COST

[T01–T10] Wednesday _____ \$ _____
 [T11–T19] Thursday _____ \$ _____
 [T20–T27] Friday _____ \$ _____

☐ **Leadership Training** — Please go to the [Leadership Training webpage](#) for ELT Leadership Management Certificate Program (LMCP) workshop descriptions, times, and days.

By 22 January: ☐ TESOL member US \$250 ☐ Nonmember US \$325
After 22 January: ☐ TESOL member US \$300 ☐ Nonmember US \$375

☐ [LMCP] LMCP \$ _____
 (Three required workshops included; choose at least two electives below. Elective descriptions [here](#).)

Electives (choose at least two):

☐ LMCP1 Financial Planning: Budgets and Course Costing
☐ LMCP2 Hiring Essentials
☐ LMCP3 How to Run Effective Meetings
☐ LMCP4 Facilitating Groups and Building Teams
☐ LMCP5 Effective Time Management Strategies for ELT Leaders/Professionals

☐ **Master Student Forum** — Please refer to the [Master's Student Forum webpage](#).
 Tuesday, 5 April 2016, 8 am–5 pm; No charge. \$ 0

☐ **Doctoral Student Forum** — Please refer to the [Doctoral Research Forum webpage](#).
 Tuesday, 5 April 2016, 8 am–5 pm; No charge. \$ 0

☐ **Educational Site Visits** — Please refer to the [Educational Site Visits webpage](#). US \$75 each
 FIRST CHOICE ALTERNATE COST

[EV01–EV05] Tuesday _____ \$ _____

☐ **Preparing Your TESOL P–12 Teacher Education Program for NCATE/CAEP National Recognition** — Please refer to [NCATE/CAEP webpage](#).

By 22 January: ☐ Individual Reg US \$249 ☐ One-hour consulting session US \$99
☐ 2nd Member Reg from Same Institution US \$149

After 22 January: ☐ Individual Reg US \$299 ☐ One-hour consulting session US \$125
☐ 2nd Member Reg from Same Institution US \$199

Tuesday, 5 April 2016, 8:30 am–12 pm \$ _____

☐ **Measuring Up to the Standards for Short-Term TEFL/TESL Certificate Programs** —
 Please refer to the [Pre-Post Convention Education webpage](#).
 Saturday, 9 April 2016, 9 am–12 pm; US \$195 \$ _____

☐ **Recorded Sessions Package** — US \$99 \$ _____

☐ **50th Anniversary Donation** — To support 50th anniversary programs/events and TESOL programs ☐ US \$10 ☐ Other _____ \$ _____

Total B \$ _____ **B**

TOTAL **A** \$ _____ + Total **B** \$ _____ = \$ _____

PAYMENT INFORMATION

Please make check or purchase order payable to TESOL. Payment must be made in U.S. dollars. Checks will be processed electronically. If you do not want your check converted electronically, please select another method of payment.

Check # _____
☐ Personal Check ☐ Company Check

Purchase Order (See [www.tesol.org/policies](#)) Send purchase orders and all registration forms to Showcare Event Solutions. Purchase orders must be postmarked by 22 January. Full payment for purchase orders must be sent by 3 February.

Purchase Order # _____

Credit Card:
☐ VISA ☐ MasterCard ☐ American Express

CREDIT CARD NUMBER _____

EXP. DATE _____

CARDHOLDER NAME _____

BILLING ADDRESS _____

STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

SIGNATURE _____