

# ISTE 2010 Registration Form

Colorado Convention Center • Denver, Colorado

June 27-30, 2010

## attendee information

First Name	Last Name		
Job Title			
School/Organization/Company			
Address (Home/Work—please circle which)			
City	State/Province	ZIP/Postal Code	Country (if not U.S.)
Work Phone			
Cell Phone		Home Phone	
Fax Number			
E-mail Address			

Please exclude my name and postal address from third-party special deals, new products, and service offer mailings. ISTE does not release or sell e-mail addresses to outside entities.

### ISTE 2010 Registration Timeline

- Super Early-Bird by March 31
- Early-Bird by May 1
- Mail registration by June 11
- Web, phone, and fax registration open through June 18
- Onsite June 26-30

### Conference Cancellations

- Accepted in writing through June 21. A \$99 fee will apply. Student, Retired Educator, and One-Day registration cancellation subject to \$59 fee.

### Fax Registration

1.541.346.3545

### Mail-in Registration

ISTE 2010  
1277 University of Oregon  
Eugene, OR 97403-1277

### Questions?

**Contact the Registration Office**  
1.541.346.3537 or 1.800.280.6218  
conf-reg@iste.org

Office use (web download)

## demographics

### Primary Job Function: (choose one)

- |   |   |
|---|---|
| <input type="checkbox"/> Administrator            | <input type="checkbox"/> Staff Developer/Teacher Educator   |
| <input type="checkbox"/> Computer Lab Teacher     | <input type="checkbox"/> Teacher/Faculty  |
| <input type="checkbox"/> Curriculum Specialist    | <input type="checkbox"/> Technology Coordinator/Facilitator (primarily infrastructure)            |
| <input type="checkbox"/> Library Media Specialist | <input type="checkbox"/> Technology Coordinator/Facilitator (primarily instructional)             |
| <input type="checkbox"/> Staff                    | <input type="checkbox"/> Technology Coordinator/Facilitator (both infrastructure & instructional) |
| <input type="checkbox"/> Student                  | <input type="checkbox"/> Other  |

### Greatest Scope of Responsibility: (choose one)

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Home School | <input type="checkbox"/> District       | <input type="checkbox"/> National       |
| <input type="checkbox"/> Classroom   | <input type="checkbox"/> City           | <input type="checkbox"/> Multinational  |
| <input type="checkbox"/> Department  | <input type="checkbox"/> County/Region  | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> School      | <input type="checkbox"/> State/Province | <input type="checkbox"/> Other          |

### Level: (choose one)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Preschool     | <input type="checkbox"/> PK-12                | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Elementary    | <input type="checkbox"/> Community College    | <input type="checkbox"/> Industry      |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> College of Education | <input type="checkbox"/> Government    |
| <input type="checkbox"/> Secondary     | <input type="checkbox"/> College/University   | <input type="checkbox"/> Other         |

### I would like more information about . . .

- |   |   |
|---|---|
| <input type="checkbox"/> Volunteering at ISTE | <input type="checkbox"/> Academic/Non-academic Credit |
|---|---|

### Other

- This is my first ISTE Conference\*  
\*formerly the National Educational Computing Conference (NECC).

- I will need accommodations for an ADA disability.

Please explain \_\_\_\_\_

Attendee Name: \_\_\_\_\_

## conference registration

\*Note: Your ISTE membership must be current through June 30, 2010, to qualify for ISTE member pricing.

	By March 31	Through May 1	After May 1	
<input type="checkbox"/> ISTE Member . . . . .	\$207 . . . . .	\$237 . . . . .	\$277 . . . . .	\$ _____
Member number: _____ Expiration Date: _____				
<input type="checkbox"/> General Public . . . . .	\$299 . . . . .	\$329 . . . . .	\$369 . . . . .	\$ _____
<i>(includes ISTE membership)</i>				
<input type="checkbox"/> General Public . . . . .	\$299 . . . . .	\$329 . . . . .	\$369 . . . . .	\$ _____
<i>(declining ISTE membership)</i>				
<input type="checkbox"/> Group of 10 or more ISTE Members . . . . .	\$207 . . . . .	\$207 . . . . .	\$207 . . . . .	\$ _____
Member number: _____ Expiration Date: _____				
Group Contact Name: _____				
<input type="checkbox"/> Group of 10 or more Nonmembers . . . . .	\$299 . . . . .	\$299 . . . . .	\$299 . . . . .	\$ _____
<i>(includes ISTE membership)</i>				
Group Contact Name: _____				
<input type="checkbox"/> Presenter and ISTE Member . . . . .	\$207 . . . . .	\$207 . . . . .	\$207 . . . . .	\$ _____
Member number: _____ Expiration Date: _____				
<input type="checkbox"/> Presenter Nonmember . . . . .	\$299 . . . . .	\$299 . . . . .	\$299 . . . . .	\$ _____
<i>(includes ISTE membership)</i>				
<input type="checkbox"/> Volunteer and ISTE Member . . . . .	\$207 . . . . .	\$207 . . . . .	\$207 . . . . .	\$ _____
Member number: _____ Expiration Date: _____				
<input type="checkbox"/> Volunteer Nonmember . . . . .	\$299 . . . . .	\$299 . . . . .	\$299 . . . . .	\$ _____
<i>(includes ISTE membership)</i>				
<input type="checkbox"/> One-Day Registration . . . . .	\$139 . . . . .	\$159 . . . . .	\$179 . . . . .	\$ _____
Indicate Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday				
<input type="checkbox"/> Retired Educator . . . . .	\$140 . . . . .	\$140 . . . . .	\$140 . . . . .	\$ _____
<input type="checkbox"/> Full-Time Student and ISTE Member . . . . .	\$140 . . . . .	\$140 . . . . .	\$140 . . . . .	\$ _____
Member number: _____ Expiration Date: _____				
<input type="checkbox"/> Full-Time Student Nonmember . . . . .	\$179 . . . . .	\$179 . . . . .	\$179 . . . . .	\$ _____
<i>(includes ISTE membership)</i>				
<input type="checkbox"/> Full-Time Student Nonmember . . . . .	\$179 . . . . .	\$179 . . . . .	\$179 . . . . .	\$ _____
<i>(declining ISTE membership)</i>				

## ISTE affiliate

List affiliate name: \_\_\_\_\_

## \*ISTE member rate

Your membership must be current through June 30, 2010. If your membership will expire prior to this date, please renew below in order to receive the ISTE Member rate.

I want to renew my ISTE membership for \$92.  
(1 year Individual, U.S. only)

If you need an alternate ISTE membership category please contact the Registration Office at:

**E-mail:** conf-reg@iste.org

**Phone:** 1.541.346.3537 or  
1.800.280.6218

## guest registration

Allows entrance into the opening reception and the exhibit hall only. Does not include attendance to sessions or workshops. Students under 16 and registered for ISTE 2010 may explore the exhibit hall when accompanied by an adult registrant.

I would like to bring a guest for a fee of \$125 (one guest per registrant only).

\_\_\_\_\_  
Guest Name

**conference fee \$ \_\_\_\_\_ + membership fee \$ \_\_\_\_\_ + guest fee \$ \_\_\_\_\_ = total fees \$ \_\_\_\_\_**

## payment information

A credit card number, purchase order, or check must accompany this form. Make checks payable to ISTE. U.S. funds only.

Federal Tax ID#: 93-0746782

Pay by **Check**

Pay by **Credit Card:**  MasterCard  Visa

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2# \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Pay by **Purchase Order**

P.O. Number \_\_\_\_\_

Billing Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country (if not U.S.) \_\_\_\_\_