



# GENIUS BAR REGISTRATION FORM

Texas Association for Alternative Education

*"Unconference Style Professional Development"*

REGISTRATION FOR TAAE Genius Bar (If you are submitting a school P.O., you must use a school address.)

Complete Name: **(Please Print)** \_\_\_\_\_

Your School Name: \_\_\_\_\_

Your School District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Your Preferred Mailing Address:  Home  Work

Day Phone:(\_\_\_\_\_) \_\_\_\_\_  Home Phone:(\_\_\_\_\_) \_\_\_\_\_  Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (Note: Zoom meeting information will be mailed to this Email)

**Pick the Meeting or Meetings you would like to attend:**

- Tuesday, September 26, 2023 - 4:30PM - 6:00PM**
- Tuesday, October 24, 2023 - 4:30PM - 6:00PM**
- Tuesday, November 28, 2023 - 4:30PM - 6:00PM**
- Tuesday, January 30, 2024 - 4:30PM - 6:00PM**
- Tuesday, February 27, 2024 - 4:30PM - 6:00PM**
- Tuesday, March 26, 2024 - 4:30PM - 6:00PM**
- Tuesday, April 23, 2024 - 4:30PM - 6:00PM**

Registration includes Genius Bar Virtual Meeting and Virtual Door Prize drawings(must be Present online to win)  
All Zoom login and room information will be emailed out the night before the meeting.

**Rates for the Virtual Meeting**

TAAE Member		<b>\$ FREE</b>
Non-Member Registration	<b>\$ 50 * number of meetings</b>	<b>\$ _____</b>

All members have to fill out this form to be able to attend. If you fail to fill out this form you will not be contacted



**CONTACT INFORMATION**

TAAE Headquarters  
512-850-0365  
Fax: 254-613-9099  
sawmhq@gmail.com  
www.taae.org

Check/Credit Card/P.O. Payment Information

Make Checks Payable to "TAAE"  
2202 S. 51st Street, Temple, TX 76504

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

P.O.#: \_\_\_\_\_

You must provide a school address above if you are using a P.O. Number.  
P.O., Credit Card Information and checks must arrive at our office by Noon on the day of the Virtual meeting to receive Zoom Links.

**CREDIT CARD INFORMATION (Fax to: 254-613-9099)**

American Express  Discover  MasterCard  Visa

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I authorize TAAE to charge my credit card in the amount of \$ \_\_\_\_\_

I understand my billing statement will read "Texas Association for Alternative Education."

**Privacy Policy \*ALL CREDIT CARD INFORMATION IS KEPT STRICTLY CONFIDENTIAL\***