



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, 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 **\$ FREE**

Non-Member Registration **\$ 50 * number of meetings** **\$ _____**

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 with the Zoom meeting information.

Total Due **\$ _____**

NOTE:

•Refunds and cancellations will be honored through Noon of the day of the Virtual Meeting, After that you can substitute someone in your place, but no refunds are allowed unless the Virtual Meeting is cancelled.

•Please complete one registration form "per individual": however, checks do not need to be for each individual.



CONTACT INFORMATION

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

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

Check/Credit Card/P.O. Payment Information

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*