



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, August 20, 2024 - 4:30PM - 6:00PM
- Tuesday, September 17, 2024 - 4:30PM - 6:00PM
- Tuesday, October 22, 2024 - 4:30PM - 6:00PM
- Tuesday, November 19, 2024 - 4:30PM - 6:00PM
- Tuesday, December 16, 2024 - 4:30PM - 6:00PM
- Tuesday, January 21, 2025 - 4:30PM - 6:00PM
- Tuesday, February 18, 2025 - 4:30PM - 6:00PM
- Tuesday, March 18, 2025 - 4:30PM - 6:00PM
- Tuesday, April 15, 2025 - 4:30PM - 6:00PM

Registration includes Genius Bar Virtual Meeting and Virtual Door Prize drawings(must be Present online to win). Certificates will also be issued for 2 hours of Credit.

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.



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*