



# 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, 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		<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 with the Zoom meeting information.

**Note:** **Total Due \$ \_\_\_\_\_**  
•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\***