



Virtual CMTC 2020 Shifts Happen! Conference Registration Form

Please be reminded that the BEST way to register is by using the online registration system.

If using this print registration form, please follow these instructions carefully!!!

1. Complete ALL of Section 1 ABOUT YOU
2. Complete ALL of Section 2 GENERAL CONFERENCE REGISTRATION.

1. ABOUT YOU (please provide us with complete contact information) – REQUIRED

Name: _____	SAU: _____
School/Organization: _____	District: _____
Title/Position: _____	Work Phone: _____
Is your preferred contact address Work <input type="checkbox"/> Home <input type="checkbox"/>	Home Phone: _____
Address: _____	Fax: _____
Town, State, Zip: _____	Email: _____

Select the group that best describes you: (please check just ONE)

- | | | |
|---|---|--|
| <input type="checkbox"/> District-level Administrator | <input type="checkbox"/> Elementary (PreK-5) Educator | <input type="checkbox"/> Library/media Specialist |
| <input type="checkbox"/> School-level Administrator | <input type="checkbox"/> Secondary (6-12) Educator | <input type="checkbox"/> Technology Integrator |
| <input type="checkbox"/> Technology Administrator | <input type="checkbox"/> Independent School Educator | <input type="checkbox"/> Teacher Preparation Student |
| <input type="checkbox"/> School Board Member | <input type="checkbox"/> Teacher Preparation Educator | <input type="checkbox"/> Other: _____ |

I give my consent to CMTC to share my contact information with the CMTC19 Solution Partners Agree Disagree
(Consent will be "Agree" if no box is checked)

2. GENERAL CONFERENCE REGISTRATION – REQUIRED

Full 5-day General Registration	\$99	Full 5-day NHSTE Premium Member Registration	\$79
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General Registration Total: \$ _____	NHSTE Premium Member Registration TOTAL: \$ _____
Purchase Order# _____	NHSTE PD Bundle ID # _____

PLEASE NOTE:

Cancellations: All cancellations **MUST BE IN WRITING** and received by **January 4, 2021**.

ALL registration fees are non-refundable and subject to regular billing after **January 4th**.

Please return this form with your check or purchase order made out to NHSAA at:

NHSAA ~ 46 Donovan Street, Suite 3, Concord, NH 03301
Phone: 603-225-3230 ~ Email: kymra@nhsaa.org