

**GATE/GACTE
GAICTE**

October 6-8, 2010 Annual Conference

Holiday Inn Select Atlanta-Perimeter/Dunwoody

4386 Chamblee-Dunwoody Rd.

Atlanta, Georgia 30341

PHONE: 770-457-6363 or 800-972-2404 / FAX: 770-458-5282

<http://www.ichotelsgroup.com/h/d/sl/1/en/hotel/atlch>

<http://www.hiatlantaperimeter.com/>

(Hotel reservations must be made by **September 7, 2010** to receive the conference rate.)

Realities of K-12 Education Reform: Challenges and Opportunities for Teacher Education

CONFERENCE REGISTRATION FORM

***Conference registration**

_____ \$80.00 for member pre-registration postmarked by **September 18, 2010**

_____ \$110.00 for non-member pre-registration

_____ \$110.00 for on-site registration

_____ \$45.00 for full-time student registration (Includes 1-year membership)

_____ \$60.00 for Thursday only registration

_____ \$40.00 for Friday-only registration

_____ \$10.00 for K-12 teachers and students

_____ \$40.00 Come-along fee for spouse or friend of GATE (lunch on Thursday and breakfast on Friday)

***Note the deadline for presenters (September 7, 2010) listed in the Call for Proposals**

GATE membership: (Membership Year is October 1 – September 30)

_____ \$20.00 Regular

_____ \$10.00 Retired

_____ TOTAL

Yes No Would you like to become more involved in GATE by working on a committee, Publication, program, or other activity?

Name: _____

(As desired on conference badge)

Institution/Agency: _____

Mailing Address: _____

www.gaate.org

Telephone: _____ Fax: _____

Email: _____

Form of Payment: _____ Personal Check _____ Agency Check _____ Credit Card

*** IMPORTANT REMINDER ***

**ALL PRESENTERS AND CO-PRESENTERS MUST REGISTER BY SEPTEMBER 7, 2010
TO HAVE NAME and INSTITUTION IN PROGRAM**

RETURN CONFERENCE REGISTRATION and PAYMENT TO:

Dr. Sheryl Dasinger, Valdosta State University, Dept. of Early Childhood & Special Education, 1500
Patterson St., Valdosta, GA 31698-0092; sbdasing@valdosta.edu / phone: 229-249-2654

Make checks payable to: GATE – Federal ID #58-2516140

GATE REGISTRATION CREDIT CARD PAYMENT FORM

Complete this form and return with payment by September 18, 2010

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Check One: _____ **MASTER/ VISA CARD**

_____ **AMERICAN EXPRESS**

Name on Card: _____

Card Number: _____

Expiration Date: _____

Credit Card Billing Address: _____

City: _____ **Zip Code:** _____

(Address and zip code must match the credit card information on file in order to process.)

Signature:

Date: