

GATE

GACTE/GAICTE

October 7-9, 2009 Annual Conference

The Jekyll Island Club Hotel

371 Riverview Drive

Jekyll Island, Georgia 31527

PHONE: 912-635-2600 or 800-535-9547 / FAX: 912-635-2818

www.jekyllclub.com

(Reservations must be made by **September 7, 2009** to receive the conference rate.)

***Teacher Preparation in Changing Times:
Taking Action with an Inclusive Vision***

CONFERENCE REGISTRATION FORM

***Conference registration**

_____ \$80.00 for member pre-registration postmarked by September 18, 2009

_____ \$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, 2009) 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: _____

Telephone: _____ Fax: _____

www.gaate.org

Email: _____

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

*** IMPORTANT REMINDER ***

**ALL PRESENTERS AND CO-PRESENTERS MUST REGISTER BY SEPTEMBER 7, 2009
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

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, 2009

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Patterson St. Valdosta, GA 31698-0092; sbdasing@valdosta.edu / phone: 229-333-7167

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

_____ **AMERICAN EXPRESS**

Name on Card: _____

Card Number: _____

Expiration Date: _____

Home Address: _____

City: _____ **Zip Code:** _____

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

Signature:

Date: