Kennesaw State University and the Georgia Department of Education Title III present
The 18th Annual ESOL Conference

Items in red are required

Attendees are encouraged to register EARLY. This conference is usually FULL by the first week of January.

Representative Information

First Name: ___________________________ MI: ______ Last Name: ___________________________
Badge Name: ___________________________
Organization: ___________________________
Title: _________________________________
Address: _______________________________
City, State, Zip: _________________________
Telephone: ____________________________ Fax: ______________________________
Email Address: __________________________
Share Email: ☐ Yes ☐ No School District/Organization: _________________________________
Title: _________________________________ Grade Level: _______________________
Subject Area: __________________________

KSU Alumni

KSU Alumni: ☐ Yes ☐ No Year Graduated: __________
First Name: ___________________________ MI: ______ Last Name: ___________________________
(Provide if name at time of graduation is different than above)
KSU College: __________________________ Major: _________________________________

Registration and Fees

Early bird fee available until November 30, 2018, after which fee increases to $130

Attendees may select, attend, and pay for more than one conference day.

☐ February 5, 2019: Elementary School Teachers - $130 fee
☐ February 6, 2019: Elementary School Teachers - $130 fee
☐ February 7, 2019: Middle School & High School Teachers - $130 fee
Late Attendee Registration

Accommodation Requests

Vegetarian Meals: ☐

Assistance at Conference (specify): ________________________________

Other (specify): ________________________________

Event Materials:    Braille ☐    Large Print ☐    CD ☐

Payment

☐ Check
☐ Purchase Order
☐ KSU Employee Owl Pay (see below for instructions)
☐ Credit Card - If paying by credit card, please fax this form to 470-578-9085 or mail to the address below. We cannot accept credit card payments by e-mail.

☐ MasterCard    ☐ Visa    ☐ Discover    ☐ American Express

Card Number: ________________ Expiration: _____/______ CVV#: __________

Name on Card: ________________________________

Billing Address (if different from above): ________________________________

City, State, Zip: ________________________________

CHECK OR PURCHASE ORDER:

When paying by check or purchase order, print a copy of this Registration Form and mail, email and/or fax with your payment and/or purchase order. DO NOT SUBMIT ONLINE.

Attendees will receive a registration receipt from Kennesaw State University’s College of Continuing and Professional Education.

Attendees are NOT registered for the conference until payment or purchase order is received, AND a receipt from Kennesaw State University has been issued confirming registration for the event.

Checks should be made payable to Kennesaw State University.

Send check or purchase order to:

Kennesaw State University
College of Continuing and Professional Education
Attn: Conference Registration
3333 Busbee Dr MD #3301
Kennesaw, GA 30144

Phone: 470-578-6765 / 1.800.869.1151
Fax Number: 470-578-9085
Email: conferences@kennesaw.edu
FOR KSU EMPLOYEES ONLY:

1. Registration form must be filled out and signed by employee, immediate supervisor and Business Manager (if applicable). Supervisor/Business Manager should fill out speedchart number.
2. Registration form should be faxed to 470-578-9085 or emailed to conferences@kennesaw.edu.
3. The College of Continuing and Professional Education will initiate Owl Pay Request.

Employee Name (please print): ___________________________________________________________
Employee Signature: ___________________________ Date: __________________

Department Name: _____________________________________________________________________
Department Speedchart: ___________________________ Account Number: 727110

By signing below, I agree to allow CCPE to process Owl Pay request using the speedchart and account number provided above. Requesting department should not generate Owl Pay request.

Supervisor Name (please print): _______________________________________________________
Supervisor Signature: ___________________________ Date: __________________

Business Manager Name (please print): _________________________________________________
Business Manager Signature: ___________________________ Date: __________________