



California Science Education Conference

Nov 30 - Dec 2, 2018 • PASADENA, CA

ONSITE REGISTRATION FORM



1) REGISTRANT INFORMATION

NAME _____

ADDRESS Home Business _____

CITY, STATE ZIP _____

Please do not include my name on mailing lists other than CSTA's.

EMAIL* _____ TWITTER _____

**By providing your email address, you are consenting to be communicated with electronically by CSTA. Your consent may be revoked by notifying CSTA.*

HOME PHONE _____ WORK PHONE _____

SCHOOL DISTRICT _____ SCHOOL _____ GRADE _____

EMERGENCY CONTACT NAME & PHONE _____

2) MEMBERSHIP 1 Year (\$50) New Teacher-2 Years (\$50) 3 Years (\$120) Lifetime (\$500) Preservice (\$25) \$ _____

3) REGISTRATION Includes access to workshops, exhibit hall, general sessions, and focus speakers on the days you are registered.

Registration Type		On-site After 11/5
CSTA Members (paid through 11/30/18 or later)		
<input type="checkbox"/> Full Registration (Fri.-Sun.)	\$210	\$ _____
<input type="checkbox"/> Weekend Only (Sat. & Sun.)	\$180	\$ _____
<input type="checkbox"/> Preservice Full Registration (Fri.-Sun.)	\$110	\$ _____
<input type="checkbox"/> Preservice Weekend Only (Sat. & Sun.)	\$65	\$ _____
Nonmembers		
<input type="checkbox"/> Full Registration (Fri.-Sun.)	\$285	\$ _____
<input type="checkbox"/> Weekend Only Registration (Sat. & Sun.)	\$250	\$ _____
Guests		
<input type="checkbox"/> Guest (Fri.-Sun.)	\$98	\$ _____
	TOTAL	\$ _____

4) TICKETED EVENTS

Onward Pre-Conference Event for Coaches and TOSAs: \$135 **Choose One:** Year 1 | Year 2 Total \$ _____

Short Courses: Course # _____ Fee _____ Course # _____ Fee _____ Course # _____ Fee _____ Total \$ _____

Field Courses: Course # _____ Fee _____ Course # _____ Fee _____ Course # _____ Fee _____ Total \$ _____

Awards Lunch - Stephen Pruitt: #Attending _____ \$48 per person Total \$ _____

Friday - Paint & Sip: #Attending _____ \$35 per person Total \$ _____

Saturday - Movie Night: #Attending _____ Free Total \$ _____

TOTAL \$ _____

5) PAYMENT INFORMATION

Payment may be made by check, purchase order, Visa, MasterCard, American Express or Discover.

Check/P.O. enclosed (payable to CSTA) Check/P.O. # _____ (purchase order must accompany this form)

Charge My Visa MasterCard AMEX Discover Account #

Name on Card _____

Billing Address (if different than above) _____

City/State/Zip _____

Signature _____ Security Code _____ Exp. Date _____

By registering for the 2018 California Science Education Conference, you agree to the Registration Terms and Conditions provided in the registration brochure.