

ASCD Conferences

TEAM REGISTRATION COVERSHEET

Team Discount: Send 5, Get 1 Free

General Instructions: ASCD offers discounts to teams who register for conference events throughout the year, including Annual Conference, Leadership Summit and Symposiums. **When five team or group members register at the same time for the same event, the fifth registration is FREE.**

This form must be completed by the individual submitting information and payment on behalf of all registrants (the Submitter). **Please have Submitter complete the information below and fax this form, along with purchase order and individual attendee forms, to 1-703-575-5414.**

STEP 1: SUBMITTER INFORMATION. Please print or type. Check below if Submitter plans to attend.

NAME* MR. MRS. MS. DR. ASCD MEMBERSHIP/CUSTOMER ID (IF KNOWN)

JOB TITLE* SCHOOL /DISTRICT/COMPANY*

ADDRESS* HOME WORK

CITY* STATE/PROVINCE* ZIP/POSTAL CODE* COUNTRY

PHONE* HOME WORK MOBILE

FAX EMAIL*

- I will attend with my team. Count me in!**
- Annual Conference
- Virtual Symposium
- Leadership Summit
- *REQUIRED FIELDS

STEP 2: SCHOOL, DISTRICT, INSTITUTION, or COMPANY RESPONSIBLE FOR PAYMENT

SCHOOL /DISTRICT/COMPANY*

ADDRESS* HOME WORK

CITY* STATE/PROVINCE* ZIP/POSTAL CODE* COUNTRY

Teams of five receive a FREE registration

STEP 3: SESSIONS SUMMARY of INDIVIDUAL REGISTRATION FORMS ATTACHED

List Attendees by Last Name	Attendee Email Address (email addresses must be unique to each registrant)	Payment Due from Individual Registrations	Total	
A	A	A		Send all forms (purchase orders/credit card information, and this team cover sheet) by fax to 1-703-575-5414, or scan and send via email to registration@ascd.org .
B	B	B		
C	C	C		
D	D	D		
E	E	FREE!		

STEP 4: PAYMENT OPTIONS (Credit Card, Purchase Order, Wire Transfer, Check, or PD Vouchers/Certificates)

Review instructions for each form of payment on the back of this form.
Call Customer Service if you have questions: 1-800-933-ASCD (2723).

If paying by Purchase Order, enter PO# and date below. Include PO in your FAX. P O # _____ Date _____

CHARGE MY: MasterCard. VISA. AMEX. DISCOVER

ACCOUNT NUMBER _____

EXPIRATION (MM/YY) _____ CSV # _____

SIGNATURE _____

NAME ON CREDIT CARD (PLEASE PRINT): _____

BILLING ADDRESS _____

ASCD Conferences: Team Registration Coversheet

How to Use This Form

Use this form in place of a generic facsimile (FAX) cover sheet when submitting team registrations for any ASCD conference event, including Annual Conference, Leadership Summit and Symposiums. Check off the appropriate conference box in Step 1.

ASCD offers a special discount for teams of five individuals. When all five register together (submitted with one coversheet and payment), one team member attends FREE.

Complete Each Section of the Coversheet

Step 1 identifies the person who is submitting registrations and payment, referred to as the Submitter. If the Submitter is also registering to attend, check the box in Step 1.

Step 2 identifies the organization who will pay for the group's registration costs for the main conference and adjunct events, such as pre- or post-conference institutes or luncheons.

Step 3 lists the persons who will attend by last name in rows A through E. Using the individual registration forms collected for each person who is attending, insert the Total Payment. Add these to find the Team Registration total due and enter the total.

Step 4 identifies the payment method for the team registrations.

If using a Purchase Order, enter the purchase order (PO) number and effective date. Please fax a copy of the PO with your completed coversheet and individual registration forms to ASCD at 1-703-575-5414 if paying by this method.

If you prefer to submit your team registration materials electronically, you can print the required forms and purchase order, and then scan them so that the digital version can be attached to an email. Please send email submissions to registration@ascd.org.

If paying by Credit Card, enter the information requested at bottom of Side 1. Refer to the Payment Options chart for credit cards accepted for payment. Complete credit card payment by fax or phone as shown below.

Summary of Payment Options

- Credit Card.** ASCD accepts MasterCard, VISA, AMEX, or Discover Card. Credit card orders not accepted via email
 - Call 1-800-933-ASCD (2723) or 1-703-578-9600. Please have your credit card number ready. Se habla Español!
 - Mail to ASCD Conference Registration, P.O. Box 826887, Philadelphia, PA 19182-6887 USA
 - Fax to 1-703-575-5414
- Purchase Order**
 - All purchase orders for conference registrations must be paid in full within 30 days of invoice date. Credit cards, checks and wire transfers only.
 - Fax to 1-703-575-5414. • Email registration@ascd.org.
- Check.** Mail to ASCD Conference Registration, P.O. Box 826887, Philadelphia, PA 19182-6887 USA
- Wire Transfer.** Email registration@ascd.org for transfer procedures
- ASCD Gift Certificates/PD Vouchers.** Mail to ASCD Conference Registration, P.O. Box 826887, Philadelphia, PA 19182-6887 USA