|  |
| --- |
| **CONTACT INFORMATION** |
| Person Processing Registration |
| Phone |
| PO/Reference Number |
| Email |
|  |
|  |

**REMIT FUNDS TO:**

|  |  |
| --- | --- |
| **BILL TO INFORMATION** | |
| Name | |
| Email Address | |
| Mailing Address | |
| State/Province | |
| Phone | Zip |

**Instructional Empowerment**

175 Cornell Road • Suite 18 Blairsville, PA 15717

DO NOT MAIL THIS WORKSHEET

**PLEASE NOTE**

This worksheet is for your convenience as you and/or your team members collect registrant information, admission items, and tally your totals. **Please make sure to enter the registrations online at** <https://instructionalempowermentconference.com/> once you’ve gathered the necessary registration information. Registrations must be entered together as part of the same transaction to qualify for the group or team discount.

**INSTRUCTIONS**

1. Complete the form, including the second page with individual registrant information for each person in your group/team
2. You may print additional copies of the registrant information page for each registrant
3. Use this form as a reference as you process your **registration(s) online at** <https://instructionalempowermentconference.com/>
4. We tend to sell out before the registration closing date, so we recommend you process your registration early

|  |  |  |  |
| --- | --- | --- | --- |
| **QTY** | **ADMISSION ITEMS, FEES & DISCOUNTS** | **PRICE** | **SUBTOTAL** |
|  | **On-Site Conference Experience**: June 18-20, 2025, Disney Coronado Springs Resort– Orlando, FL | $1149 |  |
|  | Early Bird Discount ($999 per person **through 2/01/25)** | - $150 |  |
|  | Group Discount\* (per person for groups 5-9) **(through 6/1/25) OR** | - $20 |  |
|  | Team Discount\* (per person for teams 10+) **(through 6/1/25)** | - $40 |  |
| *\* Group Discount and Team Discount cannot be combined.* **TOTAL DUE** | | |  |

|  |
| --- |
| **CONTACT INFORMATION** |
| Person Processing Registration |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REGISTRANT INFO** | | | | | |
| First Name | | Last Name | | |
| Email Address  (Each individual registrant will receive a registration confirmation email within one business day.) | | Work Phone | | |
| Role/Title  [ ] District Leader [ ] School Leader [ ] Teacher [ ] Coach | | | | | |
| State | | | | | |
| County | | | | | |
| District Name | | | | | |
| City | State | | Zip |
| **Please provide us with the following information:** | | | | | |
| Do you have any special mobility/ADA needs? [ ] No [ ] Yes (Please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Each individual registrant will receive a registration confirmation email within one business day. Please verify the accuracy of the email address as the confirmation email will be necessary for updates. | | | | | |

*Please print additional copies of this page if you have more than one registrant.*