

2019 AVID National Conference

Registration Worksheet and Payment Coversheet

1. Organize the information needed to complete this worksheet.
2. For additional AVID National Conference information click [here](#).
3. Registrations for AVID sites may be made online by logging in to MyAVID and clicking on “Event Registration.”
4. If an incentive is to be used, please choose the option to “Pay Later” and send payment information with this worksheet by email to avidregistration@avid.org or by fax to 800-524-9917.
5. **After** registering online, please **send payment** information with this worksheet to AVID Center.
6. Registrations for non-AVID sites may be made using this worksheet—complete and email to avidcare@avid.org.

Site Information:

DISTRICT	SCHOOL	SCHOOL PHONE
SCHOOL ADDRESS	CITY	STATE
		ZIP CODE

Registrar: Please provide contact information for the person entering registrations online.

FIRST and LAST NAME	PHONE NUMBER	EMAIL ADDRESS
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Attendees:

#	First Name	Last Name	Email (required for registration system)	Job Title
1				
2				
3				
4				

Incentives:

If using an incentive*, please check the incentive being used below:

- Teams of three (3) or more from the same school receive \$100 off of each registration.
- Demo School participants (including their District Directors) receive 50% off of the registration rate.
- District Superintendents and college/university Presidents receive FREE registration.

**Schools are limited to one incentive. Incentives cannot be combined.*

Payment Options:

AVID Members:

(My district has a contract with AVID.**)

\$625 until November 9, 2018

\$650 after November 9, 2018

**Not sure? Contact your division's office.

Non-AVID Members:

(My district does not have a contract with AVID.**)

\$695 until November 9, 2018

\$725 after November 9, 2018

- Purchase Order: Please email a copy of purchase order with completed Registration Worksheet and Payment Coversheet to avidregistration@avid.org or fax to 800-524-9917.
- Check: Make checks payable to AVID Center and mail with your completed Registration Worksheet and Payment Coversheet
Dept 270
PO Box 509015
San Diego, CA 92150-9015
- Credit Card: AVID Center accepts Visa, MasterCard, or Discover. Receipt will be sent to contact for payment. Please fill out the info below:
 - o Name on Card: _____ Card Type: _____
 - o Card Number: _____ Expiration Date: _____
 - o Security Code (3-digit number on back): _____ Total to Charge: \$ _____
- Other: Please specify: _____

Cancellation Policy: Cancellations must be submitted in writing by completing the [Contact Form](#). Please refer to the full [AVID Center Cancellation Policy](#).

Contact for Payment: Who can we contact about payment?

FIRST and LAST NAME	PERSONAL PHONE	EMAIL
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