

ASCD Annual 25 REGISTRATION FORM

June 29 – July 2, 2025

Attendee Information

| First name | Last name | | | | | | |
|---|--|---|----------------------------|--|--|--|--|
| Job title | | | | | | | |
| School/organization/company | С | District (if applicable) | | | | | |
| Address (indicate home or work) | | | | | | | |
| City | State/province | ZIP/postal code | Country (if not U.S.) | | | | |
| Mobile phone | | | | | | | |
| OK to receive text messages from ASCE | D? ASCD will send minimal reminders throughout the ye | ar. You can opt out any time | ž. | | | | |
| Work phone | Home phone | | | | | | |
| Email address | | | | | | | |
| Emergency contact name | Emergency contact p | hone | | | | | |
| Please exclude my name and postal addresses to outside entities. | dress from third-party special deals, new products and s | service offer mailings. ASCE |) does not release or sell | | | | |
| Important dates | Demographics | | | | | | |
| Super-early-bird through March 3Early-bird through May 1 | Job role (choose one): □ Counselor | ☐ Nonprofit/NGO/Go | overnment Staff | | | | |
| Standard after May 1Mail registration by June 12 | ☐ Curriculum Developer/Designer/Director/ Coordinator | · | | | | | |
| • Fax registration through June 22 | ☐ Department Head/Chair☐ District Executive Cabinet (CAO/Head of | □ School or District Staff Developer/Trainer □ Senior District Leadership (Asst./Superintendent) □ Solution Provider (C-Level Executive/VP) □ Solution Provider (Staff) □ Student □ Teacher/Faculty (PK-12) □ Technology Director/Coordinator/Coach | | | | | |
| Transfer policy ASCD Annual 25 registration fees and membership dues are nonrefundable, but they are transferrable through June 13. | Instruction) District Executive Cabinet (CAC/Flead of Instruction) Higher Ed Administration/Leader Higher Ed Faculty/Instructor/Professor Independent Consultant/Trainer | | | | | | |
| Contact us registration@ascd.org 800.336.5191 (U.S. and Canada) 503.342.2848 (International) 541.346.3545 (Fax) | ☐ Instructional Coach/Director ☐ Librarian/Media Specialist Accomodation ☐ I will need accommodations for an ADA disc | ☐ Other | | | | | |
| ASCD Annual 25 1277 University of Oregon | Please explain: | | | | | | |

| Attendee name: | | | | | |
|--|---------------------------------|--|---------------------------------------|-------------------------------------|--|
| ASCD Annual 25 Registratio | n Options | Super-early-bird Through March 3 | Early-bird Through May 1 | Standard rate After May 1 | |
| ASCD Annual 25 San Antonio | | | | | |
| ☐ ASCD member rate* | | \$595 | \$695 | \$795 | \$ |
| □ Nonmember rate | | \$695 | \$795 | \$895 | \$ |
| ☐ Presenter rate | | \$385 | \$385 | \$385 | \$ |
| ☐ Add Leadership Exchange Content for school and district leaders; Ju | ne 29, 8:30 a.m 1:30 p.m. | \$89 | \$89 | \$105 | \$ |
| ASCD Annual 25 Virtual – Access to 1 | 00+ virtual and stream | ed sessions, plus ac | ccess to recorded | I sessions for 6 n | nonths. |
| ☐ ASCD member rate* | | \$235 | \$260 | \$285 | \$ |
| ☐ Nonmember rate | | \$245 | \$270 | \$295 | \$ |
| ☐ Presenter rate | | \$150 | \$150 | \$150 | \$ |
| Add ASCD Membership to a | <u> </u> | | | | |
| ☐ Add ASCD Basic Print Membership | | | | \$79 | \$ |
| ☐ Add ASCD Select Print Membershi | p | | | \$119 | \$ |
| ☐ Add ASCD Premium Print Members | ship | | | \$289 | \$ |
| ☐ Add ASCD Basic Digital Membersh | ip | | | \$59 | \$ |
| ☐ Add ASCD Select Digital Members | hip | | | \$99 | \$ |
| ☐ Add ASCD Premium Digital Member | • | | | \$199 | \$ |
| * Your ASCD membership must be valid at the time of reg | stration. Add an ASCD membershi | p and you will receive the cu | | otal Fees \$ | |
| Zoom account email: | | | | | |
| If you are registering for an ASCD Annual 25 Vir have a Zoom account, please create one (it's fre | | | | iated with your acc | ount above. If you do not |
| Payment Information | | | | | |
| A check or purchase order must accomparate as a form of payment from those residing order cannot be entered until payment is a | outside of the United Sta | the registration to bates and Canada. Re | pe processed. AS egistration forms | CD is unable to a not accompanie | accept purchase orders d by a check or purchase |
| ☐ Pay by check (make payable to ASCD) | | ☐ Pay by purchas | e order: | | |
| P.O. number | | | | | |
| Billing contact name | Company name | | | | |
| Phone | Email | | | | |
| Billing address | | | | | |
| City | State/province | ZIP/posta | al code | Country (if not U.S.) | |