

**57TH ANNUAL  
CONFERENCE  
& EXPOSITION**  
FEBRUARY 18-20, 2022



MOODY GARDENS HOTEL,  
SPA & CONVENTION CENTER  
GALVESTON, TX



Challenge  
*Accepted:*  
Teaching with  
strength and  
resilience  
in times of change.

# 2022 Conference Registration Form



**FEBRUARY 18-20, 2022  
GALVESTON, TX**

**TCTELA discounted sleeping rooms are available on a limited basis until February 2, 2022 at [tctela.org](http://tctela.org).**

## TCTELA MEMBERSHIP

Membership must be active at the time of registration and at the conference to receive the member rate. Membership is active for 12 months from the date of joining or renewing.

## FULL CONFERENCE PACKAGE

Includes Friday through Sunday workshops, professional development luncheons, membership celebration, and poetry reading.

**I will attend the conference:**

In person in Galveston     Virtually

**Before 12/17**     Member \$340     Nonmember \$395

**After 12/17**     Member \$440     Nonmember \$495

*Nonmember fee also includes a professional membership for one year.*

## THREE-DAY, A-LA-CARTE CONFERENCE PASS

Professional development meals are not included.

**Before 12/17**     Member \$250     Nonmember \$305

**After 12/17**     Member \$350     Nonmember \$405

*Nonmember fee also includes a professional membership for one year.*

## PROFESSIONAL DEVELOPMENT MEAL TICKETS

Friday luncheon\*    \$47.50 (Keynote: Naomi Shihab Nye)

Saturday luncheon\*    \$47.50 (Keynote: Minh Le)

*\*Included with full conference pass.*

## STUDENT OR RETIRED CONFERENCE PASS\*

Professional development luncheons are not included.

\*Not working in the industry. (Consultants and teachers getting an advanced degree are considered professionals and should register at either the member or nonmember professional rate.)

Retired     Student

**Before 12/17**     Member \$190     Nonmember \$220

**After 12/17**     Member \$290     Nonmember \$320

*Nonmember fee also includes a student or retired membership for one year.*

Suggested Community Outreach Donation \$1 (include in total)

By completing this registration form I understand an app and web program book will be available **for registrant** to download/print prior to the conference.

The registrant acknowledges that by knowingly submitting a fraudulent P.O. number or by not following your institution's guidelines in obtaining a P.O., the registrant is liable for the full amount of the registration fee.

**GRAND TOTAL \$** \_\_\_\_\_

## REGISTRANT INFORMATION

Terms and Conditions: Refunds before 12/17/21 will be processed with a \$50 cancellation/name change fee, and no refunds will be provided after that date. Incomplete registrations will not be processed. Payment is required by the first day of the conference. Registrants are responsible for submitting an invoice to the institution. Registration is also available online at **TCTELA.ORG**.

**I am registering as a:**

Current member     Nonmember     Student or Retired

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Home     School Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_

District/Company: \_\_\_\_\_

School: \_\_\_\_\_

E-mail: (H): \_\_\_\_\_ (W): \_\_\_\_\_

Email address must be unique for each registration form.

All confirmation information will arrive by email.

**Select your section:**

Elementary-Level Section     Middle School-Level Section  
 High School-Level Section     Teacher Development

Please check if you require specific aids or services under the Americans with Disabilities Act in order to participate in this conference.

Submit separate forms for each registration.

Check amount can be combined for multiple registrations.

## PAYMENT INFORMATION

Credit Card     Personal Check     Company Check     P.O. Number

**Credit Card Info:**     MasterCard     VISA     Discover

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I authorize TCTELA to charge my credit card in the amount of

\$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

I have enclosed a **check** or **purchase order** made payable to **TCTELA** in the amount of:

\$ \_\_\_\_\_ Check # \_\_\_\_\_ P.O.# \_\_\_\_\_

Accounting department representative responsible for payment:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Contact email: \_\_\_\_\_