

**2018 FCSTAT Professional Development Conference**  
**TAFE TEACHER LEADER'S WORKSHOP**  
**REGISTRATION FORM**

Please complete this form with the requested information.

Name _____	
Job Function (Check One) <input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Educator <input type="checkbox"/> Administrator <input type="checkbox"/> Other	
District _____	Campus _____
(S) E-Mail _____	(S) Phone _____
(H) E-Mail _____	(Cell) Phone _____
Accounts Payable Contact _____	
Contact's Phone _____	Contact's E-Mail _____

**TAFE Advisor's Workshop Registration Fee \$125.00**

**Payment Method**

Check Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card Amount \$ \_\_\_\_\_ (Add \$5 Processing Fee for Credit Card Payments)

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Mail this completed form and payment to:

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