



Big Sky Pathway Institute Registration

"Coming Together Across the Pathways"

Name _____ School _____

Address _____ City _____ ST _____ ZIP _____

Telephone (Home) _____ Division Affiliation: MAAE MAFCSE MBEA

Telephone (Work) _____ MHSEA MITEA ADMIN

E-mail Address _____ ACTE Member # _____ Other _____

INSTITUTE REGISTRATION					Amount
REGISTRATION FEES (If you become a member of Montana ACTE or you are renewing your membership, please complete the attached membership form and pay the reduced member registration fees.)	Early Bird/thru Oct 1		After Oct 1 thru Onsite		
	Both Days	Thur. Only	Both Days	Thur. Only	
Montana ACTE/ACTE Member	\$85	\$60	\$120	\$85	
Non-Member Montana ACTE/ACTE	\$145	\$120	\$170	\$140	
Student Registration (Cannot be combined with First-Time Attendee)	\$50	\$50	\$50	\$50	
<input type="checkbox"/> First-Time Attendee <input type="checkbox"/> Retired Teacher <input type="checkbox"/> First-Time Educator Attendee (Check appropriate box)				-\$35	

Registration Includes Thursday Luncheon and Banquet, Friday Breakfast and Luncheon		
Thursday Montana ACTE Luncheon (Check appropriate box if attending)	<input type="checkbox"/> Attending	
Guest Thursday Montana ACTE Luncheon Ticket		\$15
Thursday Montana ACTE Awards Banquet (Check appropriate box if attending)	<input type="checkbox"/> Attending	
Guest Thursday Montana ACTE Awards Banquet Ticket		\$32
Friday Montana ACTE Business Luncheon (Check appropriate box if attending)	<input type="checkbox"/> Attending	
Guest Friday Montana ACTE Business Luncheon Ticket		\$15

Membership Dues: Circle One (Complete Attached Membership Form)		
MBEA (Business & Marketing) \$100	MITEA (Industrial/Technology) \$100	MAAE (Agriculture) \$185
MAFCSE (Family & Consumer Sciences) \$110	MHSEA (Health Sciences) \$95	ADMIN (Administration) \$90

Total Registration and Fees (Make checks payable to Montana ACTE - Confirmation email will be sent upon receipt of registration)	\$
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover Credit Number _____ Expiration Date _____ Name on Credit Card _____ Security Code _____ CC Billing Address _____ City, ST, Zip _____ Signature _____	
<input type="checkbox"/> Check this box if you wish to have your name released to vendor	
List any special needs (accessibility, meal, etc.)	

Mail Registration to: Nicole Wanago 2889 North 27th Unit 1 Bozeman, MT 59718 H: 406.219.3920 chinadle@email.arizona.edu	Hotel Reservations: Best Western Great Northern 835 Great Northern Blvd. Helena, MT 59624 406.457.5500 Room block ends September 20, 2010
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Cancellation Policy: A full refund will be provided until October 1. A maximum of 50% refund after October 1 may occur at the discretion of the board. Requests must be in writing within two weeks after the institute with the reason identified.