2024 PMEA Annual In-service Conference Registration Form

April 18-20, Bayfront Convention Center

Pre-registration for the conference provides access to the full range of offerings, including special events, sessions, performances and exhibits. Early registration ends on 2/14; Regular Registration runs from 2/15 – 4/10. Any registrations postmarked/received 4/13 or later will be processed on-site at the On-Site Registration rate.

Full Name		Preferr	ed First	Name on	Badge				
PMEA/NAfME ID#	School Name for Ba	ndge							
Preferred Email Address	s:	PDE # (seven digits)							
Preferred Phone # () ext	Phone #	Type:	Cell	Home_	Work			
First Time Attendee?	Special Accommodations?	· · · · · · · · · · · · · · · · · · ·							
,	Type of Registrant	Early			egular	On Site F		Total	
., -			(postmarked by 2/14)				after 4/11		
PMEA Member		\$175		\$190		\$215 \$50 \$		\$	
Collegiate Member Retired Member		\$35 \$15		\$40 \$20				\$	
Superintendent/ Principal		No Fee		No Fee		\$3 No		\$	
Non-Member (Full Conference Only)		\$285		\$300		\$3		\$	
JHS/HS Student		\$25		\$300				\$	
**Family Members (Non-Teaching Spouse & children under 12)		\$50		\$60		\$7		\$	
*Daily Fee- Indicate day attending: Thu (4/18) Fri(4/19)		\$100		\$115		\$140		\$	
*Daily Fee – Saturday (4/20) Only		\$50		\$65		\$90		\$	
Registration Total	, ,							\$	
**Badges for Family/JHS	ce Registration Policies Page for details on /HS Students Registration (if applicable). P	lease use the ba	ick of the			nes for badge	es, if neede	·d:	
	Name: Relationship Relationship								
All-State Contemporary A All-State Orchestra & Bar All-State Wind Ensemble All-State Ticket Total *Please note that a chi	Cost p p.m.) \$		er Ticket 20 20 20	Multiplied By X X X	# of Tickets	Equals = = = =	Total \$ \$ \$ \$		
adult's lap (ages 3 and	1 (0 /		J		Theatre.	midi en sie	on an	•	
Ways to Register:	Registration Total \$								
1. Online at www.pmea.ne		Credit Card Info:							
2. Phone- 610-562-9757 or	Card i	Card #							
3. Mail- Return this form w		Exp Date Security Code:							
	ation, 56 S. Third St., Hamburg, PA 19526-1828.								
We cannot accept purchase orders without payment in full. Checks									
should be made payable to	I	Billing Street Address:							
-		Billin	g Zip Co	ode:				_	
On-Site Emergency I									
Where you will be staying		Emergency Contact:							
Relationship to you:		Cor	ntact's Pl	none # ()				
Any Special Dietary Needs	?:								
Office Use Only:									
Credit Card Check No	. Amount Pd								