



GEORGIA
**EDUCATIONAL
TECHNOLOGY**
CONFERENCE

November 5-7, 2025 – Atlanta, GA

2025 REGISTRATION FORM

Please print or type and use one form per registrant.

** If your work email is restricted by SPAM filters, you may want to provide a personal address to improve deliverability.*

Name Badges will not be mailed.

Email (required): _____ Confirmation/receipt will be sent by email.

Dr. ☐ Mr. ☐ Ms. ☐ First Name _____ Last Name _____

School/Organization _____ Job Title _____

Work Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ School System/District _____

Conference Registration (group discounts available at <https://conference.gaetc.org/>)

	As of 8/1/25 Pre-Registration	After 10/6
☐ Full Conference (Wed.-Fri.)*	\$275	\$295
☐ Wednesday only	\$230	\$245
☐ Thursday only	\$230	\$245
☐ Friday only	\$150	\$155
☐ Exhibit Hall only	\$ 85	\$ 85

A Conference Registration includes your choice of over 250 live concurrent sessions, the keynote general session, exhibit hall admittance, exhibitor presentations, the Wednesday reception and coffee and snack breaks!

A Full Conference Registration is for **one individual** to attend the entire conference. Please use single day registration if you can only attend one day of the conference. ***Badge Sharing is Strictly Prohibited!**

Demographics (please check one box in each category):

Position:

- ☐ Superintendent/Asst. Superintendent
- ☐ Administrator/Principal/Asst. Principal/Dean
- ☐ CTO/CIO
- ☐ Technology Director/Coordinator/Specialist
- ☐ Network Specialist
- ☐ Curriculum Specialist
- ☐ Library Media Specialist
- ☐ Instructional Technology Director/Coordinator/Specialist
- ☐ Non-Instructional Support Staff
- ☐ Teacher/Professor/Academic Coach/Counselor
- ☐ Student
- ☐ Consultant/Vendor
- ☐ Other _____

Sector:

- ☐ Public Education
- ☐ Private Education
- ☐ Home School
- ☐ Non-Profit Organization
- ☐ Other _____

Level:

- ☐ Preschool
- ☐ Elementary
- ☐ Middle
- ☐ High School
- ☐ K-12
- ☐ College/University
- ☐ District Level
- ☐ GaDOE
- ☐ Other _____

Buyer Influence:

How would you describe your level of influence in purchasing decisions regarding educational technology?

- ☐ High
- ☐ Medium
- ☐ Low

General Information (please check all that apply):

- ☐ It is my **First Time** attending GaETC.
- ☐ I would like to **OPT-OUT** of receiving emails or hard copy mailings from our sponsors or exhibitors.*
- ☐ I require **Special Assistance** covered under the ADA. We will contact you concerning arrangements.

Please list assistance needed _____

* GaETC may provide the names, work addresses, and email address of its attendees to a limited number of sponsors and exhibitors. Their support is vital to the conference and assists in reducing the registration costs. GaETC never releases attendees' telephone, or fax number, or payment information to any other persons or organizations.

Payment Information:

- ☐ **Check/Money Order** – Please make payable to GaETC (FEIN#58-2391888).
- ☐ **Credit Card** (VISA / MasterCard / Amex) - Please **REGISTER ONLINE** at <https://conference.gaetc.org/>
- ☐ **Purchase Order*** - Please submit a separate registration for each person on the purchase order.

PO # _____ Billing Organization _____

***Your registration will not be approved until we receive your Purchase Order.**

Please submit to gaetcreg@mcraemeetings.com

- ☐ **Substitution** – I am replacing _____ who will not attend.

CANCELLATION POLICY: All cancellations and requests for refunds must be made in writing and received by **October 6, 2025**. No refund requests will be honored after this date, but substitutions are allowed. Refund requests should be emailed to gaetcreg@mcraemeetings.com **All cancellations will be subject to an administrative fee of \$50.**

Register Online

<https://conference.gaetc.org/>

Email form:

gaetcreg@mcraemeetings.com

Mail (NEW ADDRESS)

GaETC Registration
PO Box 14246
Tallahassee, FL 32317

Questions?

Phone: 866-554-2382 or email
gaetcreg@mcraemeetings.com

For Office Use: Date rec'd: _____ Amt Paid: \$ _____ Check# _____ Pay type: C S P MO ST O