NJTESOL/NJBE, Inc.

New Jersey Teachers of English to Speakers of Other Languages/New Jersey Bilingual Educators, Incorporated

2025 SPRING CONFERENCE

In-Person at the Hyatt Regency Hotel (May 20, 21, & 22) or Video Library (May 27 to August 21)

Attendee Conference Registration Form

Send one completed form for each person.

If you open this with Adobe Acrobat Reader DC, you can type in your answers.

Name (First)	(Last)	Phone (C)
Home Address		Phone (W)
City	StateZip	County of Residence
(Please Print Clearly - Ema	ory) il confirmations will be sent o ess due to many schools block	out to all registrants who provide an email address above. We ask for
School District/Affiliation	1	Position
 Registration for forms submitted They will not hole *THERE WILL BE \$40 Processing for April 25, 2025). If Splitting a two a registered for. For that will be supposed A one-year NJTE One PO per distriction 	d without payment (check or ld a spot or rate. Requisition NO ON-SITE REGISTRATION Fee for cancellations (cancellations (cancellations/refunds after a high person refunds or the virtual library registrary blied by NJTESOL/NJBE just prosections of the size of	poard approved/signed PO) must be submitted together. Registration an actual board approved/signed PO) will not be processed or considered as or just PO #s are not sufficient. * ation must be in writing & sent to business-admin@njtesol-njbe.org by er April 25, 2025. \$25 Fee for changes in payment processing. Egistration is not permitted. You must attend on the day(s) you are ints - each registration will be required to use their personalized log-in rior to the conference. You may not share your login code. Egift of the organization to all paid conference registrants. a list of registrants with the completed forms.
		erence or Video Library Conference ding in-person at the Hyatt (May 20, 21 & 22)
In-Person Conference upload link***, NOT ACCE		s: Must be RECEIVED BY January 31, 2025 (via regular mail or the
Choose the day(s) you v	will attend: Tuesday (Ma	ay 20)
☐ One Day - \$32	25 🗆 Two Days - \$450 🗀	☐ Three Days - \$575
		tes: Must be RECEIVED BY April 25, 2025 (via regular mail or the tions will be accepted until April 25, 2025, unless capacity is reached before
☐ One Day - \$39	0 🗆 Two Days - \$515	☐ Three Days - \$640
	Students (All MUST PROVIDE 25, unless capacity is reached b	documentation to receive these discounted rates) Registrations will be before this date
☐ One Day - \$25	50 ☐ Two Days - \$350	☐ Three Days - \$450

Office Use Only:

Date Rec'd: _____ Date Processed: ____ Chk. #: ____ Amt. Rec'd: ____

Video Library Conference (Access to Select Collection of Pre-Recorded Presentations – Starting May 27 to August 21 (PD hours earned until August 21) Video Conference Registration - Early Rates: Must be RECEIVED BY January 31, 2025 (via regular mail or the Upload Link***, NOT ACCEPTED by FAX or EMAIL)			
Video Conference Registration — Regular Rates: <i>N</i> Upload Link***, <u>NOT ACCEPTED by FAX or EMAIL</u>)	flust be RECEIVED BY April 25, 2025 (via regular mail or the		
$\ \square$ \$450 - Access to Select Collection of Presentation	ons – Available to start viewing on May 27		
Retirees, Full-Time Students (All MUST PROVIDE docum will be accepted until April 25, 2025, unless capacity is r	nentation to receive these discounted rates) Registrations eached before this date.		
\square \$275 - Access to Select Collection of Workshops –	Available to start viewing on May 27		
Select if you wish to attend the President's Reception	າ:		
President's Awards Reception — May 21, Wednesd ☐ ☐ I plan on attending the reception — payment inc https://njtesol-njbe.org/spring-conference/awa ☐ ☐ I do not plan on attending the reception	cluded or to pay separately online, go to		
*Payment on purchase orders is due by the ev Upload OR Mail the registration form with a board ap *Upload Link for POs: https://njtesol-njbe.org/spring OR Mail to: NJTESOL/NJBE, Inc.	pproved & signed PO or a check (NOT accepted by email.)		
230 Ashland Ave. Cherry Hill, NJ 08003			
Follow Up:			
	who provide a personal legible email address. If your e not received a confirmation, please check to assure that ent by your school.		
Membership information	Please circle ONE or TWO numbers for the Special Interest Group or Groups (SIG) you wish to belong to:		
Would you like your e-mail address added to the listserv (hotlist)? You will receive email about employment opportunities, workshop and conference announcements, questions about state laws and standards, and more. Yes No Preferred email address for the hotlist:	1. Early Childhood (Pre-K – K) 2. Bilingual Elementary Education 3. ESL Elementary Education Grades 1-5 4. ESL Grades 6-8 5. Bilingual Secondary Education 6. ESL Secondary Education 7. Higher Education 8. Teacher Education 9. Special Education 10. Adult Education		
	11. Parent/Community Action 12. Supervisors First Choice Second Choice		