## Registration Form (Participant or Presenter) for Payment by Check.

## One Form Per Person Complete form, print, and send with payment to:



0	Early Participant Registration - January 1 to May 15, 2024: \$250.00	Summit
0	Presenter #1 on any presentation - No Charge (school or district employees only)	PO Box 1358
0	Presenters #2 and #3 on any presentation: \$250.00	Columbia, SC 29202
	Commercial Presenters: \$250.00	803-629-3755
0	Regular Participant Registration – After May 15, 2024: \$275.00.	003-029-3733

info@ebsummit.info Middle Initial First Name\* Last Name\* First Name for Name Tag\* Email Address\* Professional Title\* Professional Role\* □ Administrator □ Business Partner □ Career Guidance & Counseling □ Educator □ Other School or Organization/Business Name\* School District\* Home Address\* (do not use school or district address) Zip\* City\* State\* Primary Phone\* Primary Professional Role (please check one)\* □ STEM □ Health Sciences □ Information Technology □ Business Agriculture Marketing □ Finance □ Arts, AV & Communications Manufacturing □ Law & Public Safety Education & Training □ Human Services □ Architecture & Construction **School Counselors** ☐ Government & Public Admin. □ School Principals □ Career Counselors **Career Center Directors** □ Assistant Superintendent ☐ Hospitality & Tourism □ District CTE Directors □ Regional Career Specialists Other □ Transportation, Distribution and Logistics Number of Participants included in this payment? \* I certify I have read and agree to all Summit policies as presented at www.ebsummit.info.\* Initial I will need ADA compliant assistance in the form of: Name of person completing this form: \* Email address of person completing this form: \* I am a presenter, and my log number is:

\*Required fields

After completing all required fields, print this form and mail with payment to the address above.