**2017 International Conference Registration Form**

**Chinese American Educational Research and Development Association**

**April 26-27, 2017, San Antonio, TX, USA**

**Fee Schedule3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Member | Student Member2 | Non-member | Student Non-member2 |
| Pre-registration1 | $45 | $25 | $85 | $65 |
| On-site registration | $65 | $45 | $105 | $85 |
| Membership | Annual $35 | Life $260 |  |  |

\*Notes:

1. Pre-registration fee applies only if this form is postmarked before **March 15, 2017**.
2. Application for student discount must be accompanied by a copy of valid student ID.
3. Conference registration fees will be refunded if a written request is received by the CAERDA Treasurer by March 15, 2017. Membership fee is not refundable.

**Contact Information (PLEASE PRINT CLEARLY)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | |  | |  | |  |
| (Last) | | (First) | | (MI) | | (Alias) |
| Chinese Name: | | | | | | Email: | | |
| Affiliation: | | | | | | Position: | | |
| Address: | | (Work) | | | | | | |
| (Home) | | | | | | |
| Phone: | | (Work) | (Home) | | | | (Fax) | |
| Specialization (Check all that apply): | | | | | Please provide three descriptors of specialization: | | | |
|  | 1. Assessment and evaluation | | | |  | | | |
|  | 2. Curriculum and instruction | | | |  | | | |
|  | 3. Educational finance, administration, and leadership | | | |  | | | |
|  | 4. Human development and educational psychology | | | |  | | | |
|  | 5. Instructional technology | | | |  | | | |
|  | 6. International and comparative education | | | |  | | | |
|  | 7. Language learning, bilingual education, special education | | | |  | | | |
|  | 8. Measurement, statistics, and research methodology | | | |  | | | |
|  | 9. Social and cultural context of education | | | |  | | | |
|  | 10. Teacher quality, professional development, school reform | | | |  | | | |
|  | 11. Other (Please specify): | | | | | | | |

**Membership Status Payment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | New |  | Renew | Conference Registration | $ |
| Note: Please do not fill out a separate Membership Form if you use this form to pay the membership fee. | | | | Dinner Banquet | $ |
| Membership Fee | $ |
|  |  |  |  | Donation (Tax deductible) | $ |
|  |  |  |  | **Total Payment Enclosed** | **$** |

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Signature Date

Please send the completed form with check or money order (payable to CAERDA) to:

**CAERDA, P.O. Box 355, Bloomington, IL 61702-355, USA**