**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** | **$** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**