

Advance CTE Fall Meeting Registration Form (Informational Purposes Only)

First Name:

Last Name:

Preferred First Name:

*Please enter your preferred **first** name. This will be used on name badges.*

Preferred Pronoun:

Organization:

Job Title:

Shipping Address:

Please enter your work address.

Phone:

Email:

Assistant Email Address:

Please list an assistant email address (if applicable).

Emergency Contact Information:

Please list the name, phone number, & relation of your emergency contact.

What Community Do You Represent?

*What community or communities do you represent? **Select all that apply.***

- K-12 Education
- Postsecondary Education
- Workforce Development
- Business/Industry
- Other

Roundtable Topics:

The Fall Meeting will host a set of peer-led discussion roundtables. Please share a few topics that you would like to have discussed during these roundtables.

Meals

Please let us know which meals you will be joining us for. **Select all that apply.**

- Monday, October 16: Dinner
- Tuesday, October 17: Breakfast
- Tuesday, October 17: Lunch
- Wednesday, October 18: Breakfast

Dietary Restrictions

Please select any dietary restrictions you have. If you do not have any, please skip this question.

- Vegetarian
- Pescatarian
- Vegan
- Gluten Free
- Nut Allergy
- Dairy Free

Dietary Restrictions – Other:

Please list other allergies (if applicable). If you do not have any, please skip this question.

Accessibility Accommodations:

Please let us know if there are any accessibility accommodations or special requests that would improve your experience.

Gender Identity:

I identify my gender identity as:

- Female
- Male
- Non-binary
- Other

Race/Ethnicity:

I identify my race/ethnicity as: (Select all that apply)

- Asian
- Black
- Hispanic/Latina/Latino/Latinx
- Middle Eastern or Arab American
- Native American or Alaska Native
- White
- Prefer not to say
- Other

Age Range:

- 25-34
- 35-44

- 45-54
- 55-64
- 65-74
- 75 years or older