



# 2024 Innovative Ideas Institute Onsite Registration Form

## Payment must be attached.

**Please complete this form and bring it with you to the onsite registration desk in Pembroke at the Embassy Suites.**

### Registration Hours:

**Sunday, June 16: 3:00 p.m. – 7:00 p.m.**

**Monday, June 17 & Tuesday, June 18: 7:30 a.m. – 3:30 p.m.**

SCASA Member: \$405

Non-member: \$635

Business Affiliate Member: \$435

Non-Business Affiliate Member: \$1155

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

District: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ Wk Tel: (\_\_\_\_) \_\_\_\_\_

Cell Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Informal name for name badge: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to opt out of receiving emails from exhibitors. \_\_\_\_\_ Yes \_\_\_\_\_ No

Registration Fee .....\$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Registrant**

\_\_\_\_\_  
**Date**

### Method of Payment: *(check one)*

- Credit card: complete credit info box ▶**
- Personal check attached**
- District/School check attached**

#### Credit Information

Charge to: \_VISA \_MasterCard \_Discover \_AMEX

Name on Card: \_\_\_\_\_

Account #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVW Code \_\_\_\_\_