Kennesaw State University
presents
The 29th Annual Conference on Literature for Children and Young Adults

Items in red are required

Representative Information

First Name: _________________________ MI: _____ Last Name: ____________________________
Badge Name: ________________________________
Organization: ______________________________________________________________________
Title: ____________________________________________________________________________
Address: __________________________________________________________________________
City, State, Zip: _____________________________________________________________________
Telephone: _______________________________ Fax: ______________________________________
Email Address: _____________________________________________________________________

Share Email: ☐ Yes ☐ No  School District/Organization: ________________________________
Title: ___________________________ Grade Level: ______________________________
Subject Area: ______________________________________________________________________

KSU Alumni

KSU Alumni: ☐ Yes ☐ No  Year Graduated: ___________
First Name: _________________________ MI: _____ Last Name: ____________________________
(Provide if name at time of graduation is different than above)
KSU College: ___________________________ Major: ______________________________________

Registration and Fees

Attendees may select, attend, and pay for more than one conference day.

☐ March 16, 2020: $75 fee
☐ March 17, 2020: $75 fee
☐ March 16 & 17, 2020: $150 fee
**Presenter Registration**

**Accommodation Requests**

Vegetarian Meals: ☐

Assistance at Conference (specify): __________________________________________________________

Other (specify): __________________________________________________________

Event Materials:  Braille ☐  Large Print ☐  CD ☐

**Payment**

☐ Check  ☐ Purchase Order  ☐ KSU Employee Owl Pay (see below for instructions)

☐ Credit Card - If paying by credit card, please fax this form to 470-578-9085 or mail to the address below. We cannot accept credit card payments by e-mail.

☐ MasterCard  ☐ Visa  ☐ Discover  ☐ American Express

Card Number: _______________________________ Expiration: ______/______ CVV#: _______

Name on Card: __________________________________________________________

Billing Address (if different from above): __________________________________________

City, State, Zip: __________________________________________________________

**CHECK OR PURCHASE ORDER:**

When paying by check or purchase order, print a copy of this Registration Form and mail, email and/or fax with your payment and/or purchase order. DO NOT SUBMIT ONLINE.

Attendees will receive a registration receipt from Kennesaw State University’s College of Professional Education.

Attendees are NOT registered for the conference until payment or purchase order is received, AND a receipt from Kennesaw State University has been issued confirming registration for the event.

Checks should be made payable to **Kennesaw State University**.

Send check or purchase order to:

**Kennesaw State University**
College of Professional Education
Attn: Conference Registration
3333 Busbee Dr MD #3301
Kennesaw, GA 30144

Phone: 470-578-6765
Fax Number: 470-578-9085
Email: cereg@kennesaw.edu

*Cancellation requests must be received by 5pm on March 6, 2020. A $30 cancellation fee will be charged. No refunds are available after March 6, 2020.*
Presenter Registration

FOR KSU EMPLOYEES ONLY:

1. Registration form must be filled out and signed by employee, immediate supervisor and Business Manager (if applicable). Supervisor/Business Manager should fill out speedchart number.
2. Registration form should be faxed to 470-578-9085 or emailed to cereg@kennesaw.edu.
3. The College of Professional Education will initiate Owl Pay Request.

Employee Name (please print): __________________________________________________________
Employee Signature: __________________________ Date: __________________

Department Name: _____________________________________________
Department Speedchart: __________________________ Account Number: 727110

By signing below, I agree to allow CPE to process Owl Pay request using the speedchart and account number provided above. Requesting department should not generate Owl Pay request.

Supervisor Name (please print): __________________________________________________________
Supervisor Signature: __________________________ Date: __________________

Business Manager Name (please print): ______________________________________________________
Business Manager Signature: __________________________ Date: __________________