

List of Registration Questions

This is not a registration form but can be used to assist those who may register a group and/or register on behalf of others. Registrations need to be completed via the conference website. During the registration process, all individuals will be required to review [ACT's Privacy Policy](#).

- * First Name
- * Last Name
- * Email Address
- CC Email Address (send an additional copy of all emails to)
- * Job Title
- * Company / Organization
- * Work Phone
- * Mobile
- Work Address
- * Address 1
- Address 2
- * Country
- * City
- * State/Province
- * Zip/Postal Code
- * USA County or Parish
- * Emergency Contact Name
- * Emergency Contact Phone
- Payment Contact (receives copy of confirmation and payment receipt)

*** Do you have any food allergies/sensitivities and/or dietary restrictions that we should be aware of?**

- Not Applicable
- Peanuts
- Tree Nuts
- Gluten
- Dairy
- Shellfish
- Pork
- Vegetarian
- Vegan
- Other



*** Pursuant to the Americans with Disabilities Act, please let us know if you have any specific needs.**

Not Applicable
Audio
Visual
Mobile
Other

*** Are you a citizen of any nation in the European Union?**

No
Yes

*** Is this your first time attending an ACT state or regional conference or summit?**

No, I've attended before
Yes, I'm a first time attendee

***For how long have you worked in your current profession?**

0-3 years
4-8 years
9-15 years
16 years or more

***What interests you most about attending this event?**

Professional development
Learn more about ACT updates/information
Session content
Networking
Other

***How did you hear about the conference (select all that apply)?**

ACT Staff Member
ACT State Organizations Council Member
ACT State Organizations Member
ACT Website
Colleague
Email/Newsletter from ACT
Facebook
LinkedIn
Twitter
Other



***Identify your primary employment institution/company type.**

K-12 - position representing all grade levels
Elementary School
Middle School
High School
2-year post-secondary institution - 2-year college
2-year post-secondary institution - trade or technical school/program
4-year or graduate only post-secondary institution
State/Federal government
Workforce (Workforce board, organization, agency, etc.)
None of the above

***Which of the following aligns with your daily work?**

Academic Success/Tutoring/Retention
Assessment Director/Asst. Director/Coordinator
Assessment/Institutional Research
Career Readiness/Career Services
Career/Technical Education Director
College and Career Readiness Coordinator
Counselor/Advisor
Counselor/SEL
Curriculum and Instruction Professional
English Language Learner Support
Enrollment Management/Admissions
Instructor/Faculty
Principal/Assistant Principal
Special Ed/504/IEP Coordinator
Student Services/Affairs
Superintendent/Assistant Superintendent
Teacher/Educator
TRIO Programs (Upward Bound, Student Support Services)
Workforce/Economic Development/Community Outreach
Vendor
None of the above

*** = required info**

