



3 Ways to Register

(1) Email: conference@familieslearning.org

(2) Mail: National Center for Families Learning
325 W. Main Street, Suite 300
Louisville, KY 40202

(3) Fax: (502) 212-4840

Official Conference Hotel

Fort Lauderdale Marriott Harbor Beach Resort & Spa
3030 Holiday Drive, Fort Lauderdale, Florida 33316
Phone: (954) 525-4000
Reserve online: <https://aws.passkey.com/e/49498010>
Rates: \$189.00/night

A block of reserved rooms will be held until August 31, 2018. After this date, rooms and prices are subject to availability.

A/V Information

The following is the Standard A/V package provided at no charge:

- * Theater style setup
- * Screen
- * Speaker podium with microphone
- * LCD video projector w/cart & sound patch
- * Wireless Internet

Additional A/V equipment must be requested in advance.
(Note: Prices increase significantly if you wait to order equipment on site).

A standard-sized HDMI cable dongle will be provided to connect your PC to the projector. This dongle will allow you to connect to the projector via HDMI (preferred) or VGA. If you are using a Mac or a PC that uses mini DisplayPort or USB-C (aka Thunderbolt) for audio/video out, be sure to bring your mini DisplayPort or USB-C to HDMI/VGA adapter.

As the lead presenter, you must register for conference by May 15th.

The discounted fee is \$250.00. Credit cards, checks and purchase orders will be accepted for the full lead presenter discounted price of \$250.00. In order to register by purchase order you must send in an actual copy of the purchase order and not just the number.

Payment by credit card or check must be received by July 1, 2018, in order for co-presenters to receive the discounted early bird rate of \$399.00. Purchase orders can not be accepted for the co-presenters early bird rate.

Registration Information

LEAD PRESENTER REGISTRATION FORM

PREFIX _____ NAME _____
 FIRST NAME FOR BADGE _____
 ORGANIZATION/BUSINESS _____
 TITLE _____
 YOUR MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE: WORK HOME CELL _____
 PRESENTER EMAIL _____
 CONFIRMATION EMAIL (if different from above) _____

CHOOSE THE CATEGORY BELOW THAT BEST DESCRIBES YOUR WORK:

| | | |
|---|--|--|
| <input type="checkbox"/> ADULT EDUCATOR | <input type="checkbox"/> INSTITUTION OF HIGHER ED. | <input type="checkbox"/> SCHOOL-AGE EDUCATOR |
| <input type="checkbox"/> BUSINESS LEADER | <input type="checkbox"/> LIBRARY STAFF | <input type="checkbox"/> SOCIAL SERVICES PROVIDER |
| <input type="checkbox"/> CHILDCARE PROVIDER | <input type="checkbox"/> POLICYMAKER | <input type="checkbox"/> TRANSLATOR OR INTERPRETER |
| <input type="checkbox"/> COMMUNITY LEADER | <input type="checkbox"/> PRESCHOOL EDUCATOR | |
| <input type="checkbox"/> EDUCATION ADMINISTRATOR | <input type="checkbox"/> RESEARCHER | |
| <input type="checkbox"/> FAMILY SERVICE/ENGAGEMENT WORKER | | |

CHECK ALL THAT APPLY: LITERACY COALITION MEMBER LITERACY FUNDERS NETWORK MEMBER

REGISTRATION & A/V FEES

| | | |
|-------------------------------|--------------|-------|
| WIRELESS LAVALIERE MICROPHONE | \$100.00 | _____ |
| WIRELESS HANDHELD MICROPHONE | \$100.00 | _____ |
| LAPTOP | \$150.00 | _____ |
| FLIP CHART PACKAGE | \$60.00 | _____ |
| WIRED INTERNET | \$275.00 | _____ |
| | Total | _____ |

METHOD OF PAYMENT

Please charge my: Visa MasterCard American Express Payment Amount \$ _____

Card # _____ EXP _____

Credit card billing address (if different than above): _____

Cardholder name _____

Cardholder signature: _____

My check is enclosed: Check # _____
 U.S. PO # _____

OFFICIAL CONFERENCE WEBSITE: CONFERENCE.FAMILIESLEARNING.ORG