

**ACPDC/
AWEDC2009**Rev. Sep 2009
EduSerc, Inc.**Registration Form
(General Admission)**

For Official Use:

Date Received: _____

Instructions: Complete this form in its entirety and mail the form w/ payment to EduSerc, Inc. 1040 West Street Laurel MD 20707 or **fax** to 301-362-4360**1) Individual Information****1a** Full name**1b** Job Title / Occupation (if applicable)**1c** Mailing Address (room, apt, suite no, P.O. box)**1d** City, State, Zip Code**1e** Phone**1f** Fax**1g** Email**2) Organization / Information**

(information about the organization you represent, if applicable)

2a Organization Name**2b** Type School Company College/Univ. Gov./Mil Org./Club**2c** Mailing Address (room, apt, suite no, P.O. box)**2d** City, State, Zip Code**2e** Phone**2f** Fax**2g** Email**3) Cumulative G.P.A.** (as of 2008 – 2009 academic school year for students in high school or college)**a)** Attach a copy of your transcript (college or high school), or**b)** Obtain the signature and confirmation from your guidance counselor: Cum. GPA _____ Counselor's Signature _____**NOTE:** Students w/ 3.0 or higher will receive awards and recognition at the Community Scholars Luncheon at the conference during Oct 2. To be considered for a potential scholarship, submit one letter of recommendation from two separate organizations where you currently perform community service.**4) Other Classifications** (check all that apply)

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> College Student | <input type="checkbox"/> Industry Professional | <input type="checkbox"/> Business Owner | <input type="checkbox"/> Parent | <input type="checkbox"/> Educator/Teacher |
| <input type="checkbox"/> College Recruiter | <input type="checkbox"/> HR / Diversity Rep | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Mentor | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> School System Official | <input type="checkbox"/> Military | <input type="checkbox"/> Government Employee | <input type="checkbox"/> Political Official | <input type="checkbox"/> Principal / Counselor |

5) Highest Level of Education Completed

- | | | | | | | | | | |
|--|--|--|--|---|---|---|---|---|------------------------------------|
| <input type="checkbox"/> 6 th | <input type="checkbox"/> 7 th | <input type="checkbox"/> 8 th | <input type="checkbox"/> 9 th | <input type="checkbox"/> 10 th | <input type="checkbox"/> 11 th | <input type="checkbox"/> 12 th | <input type="checkbox"/> High School or GED | <input type="checkbox"/> Associate Degree | |
| | | | | | | | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's | <input type="checkbox"/> Doctorate |

6) Career Industries of Interest (check all that apply)

- | | | | | |
|---|--|---|--------------------------------------|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Finance | <input type="checkbox"/> Journalism | <input type="checkbox"/> Social / Human Services |
| <input type="checkbox"/> Arts & Entertainment | <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Government | <input type="checkbox"/> Law / Legal | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Education | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Military | <input type="checkbox"/> Other |
| <input type="checkbox"/> Business | <input type="checkbox"/> Engineering | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Non Profit | |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Fashion | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Real Estate | |

7) What do you hope to receive or need from this conference? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Job / Internship / Career Opportunity | <input type="checkbox"/> Hands-On Experience | <input type="checkbox"/> Summer Program / After School Program Info |
| <input type="checkbox"/> Networking Contacts / Candidates | <input type="checkbox"/> Scholarship / College Info | <input type="checkbox"/> Mentors / Role Models / Tutors |
| <input type="checkbox"/> Career Plan Assistance | <input type="checkbox"/> Workforce Development Solutions | <input type="checkbox"/> Financial Aide / Financial Mgmt Assistance |
| <input type="checkbox"/> Economic Dev. Solutions | <input type="checkbox"/> Personal Development Training | <input type="checkbox"/> Professional Development Training |
| <input type="checkbox"/> Other _____ | | |

8) Registration Details & Fee

Select The Conference Day(s) You Are Attending:

Oct 1 – Annual Workforce & Economic Development Conference (AWEDC)
(Industry Prof. / Corporations/ Non Profits General Community)

Oct 2 – Annual Career & Professional Development (Part 1) (ACPDC)
(Industry Prof. / Corporations / General Community
Non Profits / Schools / Colleges / Youth)

Oct 3 - Annual Career & Professional Development (Part 2) (ACPDC)
FREE (General Community)
Young Innovators Competitions & Expo

Oct 3 (evening) - The EduSerc Awards Fundraiser & Show (Special Event)
(Oct 3 – 6:00 p.m. – 10:00 p.m.)
(black tie-red carpet awards show honoring educators)

One Day Individual Rate

	General	Educators	Youth	Total
<input type="checkbox"/> Oct 1 - AWEDC	\$65	\$40	N/A	___
<input type="checkbox"/> Oct 2 – ACPDC	\$65	\$40	\$35	___
<input type="checkbox"/> Oct 3 – ACPDC / YI Competition (9 a.m. – 2 p.m.)	FREE	FREE	FREE	___

Two Day Individual Rate

<input type="checkbox"/> Oct 1 - 2 AWEDC / ACPDC	\$125	\$75	N/A	___
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Special Fundraising Event

<input type="checkbox"/> EduSerc Awards (Oct 3: 6pm – 10pm)	\$250	\$150	\$150	___
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Full Convention Rate

<input type="checkbox"/> AWEDC Full (Oct 1 & 3-Awards)	\$290	\$175		___
<input type="checkbox"/> ACPDC Full (Oct 2 & 3-Awards)	\$290	\$175	\$170	___
<input type="checkbox"/> Both Conferences w/ Awards	\$365	\$215		___

Total Registration

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Method of Payment
 American Express Master Card Visa Check / Money Order (Make Payable to EduSerc, Inc.)

Name of Cardholder: _____

Billing Address: _____

Credit Card Number: _____

Billing City/State/Zip: _____

Expiration Date: _____ / _____

Billing Phone: _____