

**Houston Metropolitan Chapter of Texas Educational
Diagnosticians' Association**

Registration Form

Full Name*	First:	Last:
Preferred Email* example@example.com		
Job Title*		
Phone Number*		
Address*	Street Address:	
Street Address Line 2:		
City:	State:	Zip Code:

Number of people attending*	
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Attendance Preference –Check <u>ONE</u> option only! This is how you will be checked in to get credit.	
<input type="checkbox"/>	In-Person (limited seats available)
<input type="checkbox"/>	Virtual (Desktop, tablet, phone)

Conference Fee-\$125.00 Fee will be paid by-(Please Check one option)

<input type="checkbox"/>	By Mail (Check or Purchase Order-made payable to HOU-MET)
<p>Payments are processed online or by mail. You may mail your payment to:</p> <p>Hou-Met: Brenda Keys 23707 Megam St. Spring, TX 77373</p>	

<input type="checkbox"/>	Online (Credit Card) Visa, MasterCard, American Express
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Date Registration Form Completed/Sent*	
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For Questions Contact: houmeteddiag@gmail.com