

Membership Number: \_\_\_\_\_ New Address: Yes \_\_\_ No \_\_\_  
(obtained from a mailing label on PSTA materials)

Dr. Mr. Mrs. Miss Ms.  
(Circle one)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Grade Level Taught: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: (Needed for PSTA Region) \_\_\_\_\_

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Registration Fees: Fees are determined by postmark on the envelope. All forms postmarked after November 15 are treated as on-site registrations. Registrants must provide their membership ID Number found on mailing labels to receive membership rates. PSTA cannot accept purchase orders. Credit cards will ONLY be accepted at the convention for on-site registrations and purchases.

**PLEASE CIRCLE APPROPRIATE REGISTRATION FEE**

MEMBERS	Postmarked by Nov 15	On Site Registration	NON MEMBERS	Postmarked by Nov 15	On Site Registration	Circle day	Registration Fees
Regular 2-day	\$75	\$100	Regular 2-day	\$100	\$125		
Regular 1-day	\$60	\$85	Regular 1-day	\$85	\$110	Th or F	
Student 2-day*	\$45	\$70	Student 2-day*	\$70	\$95		
Student 1-day*	\$40	\$65	Student 1-day*	\$65	\$90	Th or F	
Retired 2-day	\$55	\$80	Retired 2-day	\$80	\$105		
Retired 1-day	\$50	\$75	Retired 1-day	\$75	\$100	Th or F	
Life 2-day	\$60	\$85	Guest **	\$50	\$50		
Life 1-day	\$55	\$80				Th or F	

\*Full time student who has **never** taught. \*\*Non-teaching guest.

**TOTAL REGISTRATION ENCLOSED: \$ \_\_\_\_\_**

***PSTA CANNOT accept purchase orders or credit cards for pre-registration. Please do not send cash –Make checks Payable to PSTA .***

IMPORTANT: Registration Fees **NO LONGER INCLUDE** PSTA Membership Dues. To join or renew a PSTA membership, registrants must complete a membership form. Forms can be found in the Exchange or online at [www.pascience.org](http://www.pascience.org)

I have special needs listed below which fall under ADA.

**MAIL COMPLETED REGISTRATION FORM AND PAYMENT TO:**

**William Ayers**  
**PSTA Convention Registration**  
**5330 Overlook Road**  
**Slatington, PA 18080**  
**weahea@enter.net**

**Please do not mail form after November 15**