



**ROCKPORT
CENTER
FOR THE ARTS**

Contact Person: Laura Vogel
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REGISTRATION FORM: 2024 Art Educator Days

Participant Info (please type or print clearly)

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

School District _____ School Name _____ Level(s) you teach _____

Is this your first time to attend Art Educator Days? Yes No

How did you learn about this annual event? Website Art Center Email Facebook
 Colleague Art Center Postcard Other

Are you a member of the Rockport Center for the Arts? Yes No

Registration

Registrations Received **on or before** January 5th, 2024

	Rate:	<input checked="" type="checkbox"/> if attending	Total
<input type="checkbox"/> Friday, January 26, 8:00 a.m. - 5:30 p.m.	\$110		
<input type="checkbox"/> Saturday, January 27, 8:00 a.m. - 11:00 a.m.	\$50		
<input type="checkbox"/> Saturday, January 27, 12:30 p.m. - 3:30 p.m.	\$50		
Total Event Fees:			\$

Registrations Received **after** January 5th, 2024

	Rate:	<input checked="" type="checkbox"/> if attending	Total
<input type="checkbox"/> Friday, January 26, 8:00 a.m. - 5:30 p.m.	\$135		
<input type="checkbox"/> Saturday, January 27, 8:00 a.m. - 11:00 a.m.	\$65		
<input type="checkbox"/> Saturday, January 27, 12:30 p.m. - 3:30 p.m.	\$65		
Total Event Fees:			\$

Payment Info

<input type="checkbox"/> Presenter <i>(choose ONE if applicable)</i> <input type="checkbox"/> Free Registration <input type="checkbox"/> Honorarium, <i>please indicate payment info</i>	<input type="checkbox"/> School Funds <input type="checkbox"/> Purchase Order <input type="checkbox"/> Check # #	<input type="checkbox"/> Personal Funds <input type="checkbox"/> Check <input type="checkbox"/> Charge # <i>please call to pay by phone</i>