



2026 Teacher Education Assembly

REGISTRATION BY MAIL

Personal Information

Full name:	_____	Today's Date	_____
	<i>Title</i> <i>First</i> <i>Last</i>		
Address:	_____	Phone:	_____
	<i>Street address</i> <i>Apt./Unit #</i>		
	_____	Email:	_____
	<i>City</i> <i>State</i> <i>Zip Code</i>		
Institution/Employer	_____		

Are you a member of PAC-TE	Yes ☐	No ☐	
If not, would you like to join PAC-TE for \$40 to save on the conference registration price?	Yes ☐	No ☐	
Do you have a hotel room reserved?	Yes ☐	No ☐	Hotel accommodation is not included in the registration fee.
Is this your first TEA?	Yes ☐	No ☐	Are you a speaker? Yes ☐ No ☐

Select one response from each row

Registration for PAC-TE Members	☐ \$175 until 8/31/26 ☐ \$195 from 9/1/26 – 10/10/26 ☐ \$245 from 10/11/26 – 10/23/26 ☐ \$25 for Student Members until 10/23/26	Registration for non-members (To save \$60, consider joining PAC-TE at the 1 st -year rate of only \$40.)	☐ \$295 until 10/10/26 ☐ \$345 from 10/11/26 – 10/23/26 ☐ \$50 for students who are not PAC-TE members (Students can register at the discounted member price of \$25 by joining PAC-TE for only \$10. This is a \$15 savings!)
10/21/26 Banquet is included in your fee	Select one choice for the banquet on 10/21/26: Not attending banquet ☐ Stuffed Chicken Breast ☐ Baked Atlantic Salmon ☐ Cavatappi Primavera (contains cheese) ☐ Vegan version of Cavatappi ☐		
	If you have a life-threatening food allergy, list it below: _____		

10/22 Buffet Luncheon is included in your fee	The buffet is called "South of the Border" and includes tasty Tex-Mex and Mexican flavors. Guests select from a buffet. Some signage will alert to ingredients, but there is no guarantee that all allergens will be identified. A restaurant is located in the hotel if you choose not to partake in the "South of the Border" buffet, but you will pay the restaurant price for any purchases made.	Select one choice for the buffet luncheon on 10/22: I will attend the luncheon ☐ I will not attend the luncheon ☐
Other items you may purchase:	Print copy of the Agenda: \$10 Yes ☐ No ☐	Donation of \$55 for the 55 th anniversary TEA. All monies donated will help pay for coffee/tea break throughout the conference. All donors will be named on signage and in the conference program. We thank you very much for helping PAC-TE provide coffee/tea breaks in your name Yes ☐ Not at this time ☐ Permission to add your name to the list of donors ☐
Other:	Do you need the services of a sign language interpreter? Yes ☐ No ☐ Are you willing to contribute toward providing this service?	
Total of all registration costs and donations:	\$_____	PAC-TE will issue a refund for cancellations made in writing no less than two weeks prior to the conference. A \$35 administrative fee will be imposed.

Make your check out to PAC-TE. Mail it to PAC-TE at 17 Firebox Ct. Stewartstown, PA 17363. Registration fees due upon registration. If your fees are not paid prior to the conference, you will not be admitted to the conference.

If you have any questions, please contact Executive Director Joel Geary at joel@pac-te.org, or at 717-516-8893.