



# VIDEOCONFERENCE REGISTRATION

1600 Ken Thompson Parkway  
Sarasota, FL 34236

Tel: 941-388-4441  
Email: contact@seatrek.org

Fax: 941-388-3503  
Web: mote.org/seatrek

## CONTACT INFO

Organization	Phone	Fax
Contact		Email
Address	City	State
		ZIP

**Billing Contact (if different):**

**Billing Phone:**

## PROGRAMS

Fill-in the circle of the program you are interested in purchasing (⊙). Shaded areas indicate program grade level (■)

PROGRAM	GRADE →	K	1	2	3	4	5	6	7	8	9	10	11	12	+	PRICE	TIME
<input type="radio"/> <i>Fin TV</i>																\$175	varies
<input type="radio"/> <i>Snack Attack</i>																\$50	20 min
<input type="radio"/> <i>Sea Me Read: Sharks</i>																\$50	30 min
<input type="radio"/> <i>Sea Me Read: Crabs</i>																\$50	30 min
<input type="radio"/> <i>Sharks</i>																\$155	50 min
<input type="radio"/> <i>Sea Turtles</i>																\$155	50 min
<input type="radio"/> <i>Manatees</i>																\$155	50 min
<input type="radio"/> <i>Coastal Habitats</i>																\$155	50 min
<input type="radio"/> <i>Discovery Reef</i>																\$75	50 min
<input type="radio"/> <i>Coral Reefs</i>																\$155	50 min
<input type="radio"/> <i>Dolphins</i>																\$155	50
<input type="radio"/> <i>Best Practices</i>																\$175	60+
<input type="radio"/> <i>Showcase</i>																\$75	50

## SCHEDULE

For timeslot availability, please check our website. Indicate additional conferences, alternate dates or a date range below. ALL TIMES SHOULD BE IN EASTERN TIME (ET). Schedules will be confirmed by email after receipt of your signed registration.

**1st Date Preference:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**1st Time Preference:** \_\_\_\_ : \_\_\_\_ \_\_ ET

**2nd Date Preference:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2nd Time Preference:** \_\_\_\_ : \_\_\_\_ \_\_ ET

**Additional Dates/Date Range:** \_\_\_\_\_

## SITE INFO

**Approx. # of students/participants:** \_\_\_\_\_

**Grade levels/Ages:** \_\_\_\_\_

**Receiving Site/School Name:** \_\_\_\_\_

**City of Receiving Site:** \_\_\_\_\_

**Lead/Teacher's Name:** \_\_\_\_\_

**Lead Phone or Email:** \_\_\_\_\_

**Tech/Room Coordinator's Name:** \_\_\_\_\_

**Videoconference Room Phone #:** \_\_\_\_\_

**How will you connect with us?:**

Commodity IP (H.323, ~384K)  Internet2 IP (H.323, +768K)  ISDN (H.320, 384K)

**Will you be using a bridge?:**  YES  NO

If YES, bridge contact: \_\_\_\_\_ bridge phone: \_\_\_\_\_

Up to 3 locations may bridge for a SeaTrek conference with additional program charges (see website). Please duplicate the SITE INFO for each location on a separate sheet. Program recipients are responsible for connecting with our studios. Dial-up numbers and testing protocols will be sent with your email confirmation. You may connect up to 10 minutes prior to your start time. You must connect with us no later than 15 minutes after your start time to avoid cancellation and billing.

**Billing and Cancellation Policy:** Recipients will be invoiced after successful delivery of each videoconference. Cancellations must be made at least 24 hours prior to your confirmed videoconference to avoid billing. Program fees will not be waived due to technical trouble unless specific problems can be reliably traced to a SeaTrek hardware malfunction. You must contact us no later than 15 minutes after your start time to avoid cancellation and billing.

**Signature (required).** By signing above, you authorize payment and agree to the cancellation policy.