

MCTM 2010 Institute Registration Form

"The Art of Mathematics... for Student Success"

Michigan Council of Teachers of Mathematics - 61st Annual Conference

Dakota High School, Macomb, MI Institute: August 3-4, 2010 Conference: August 4-5, 2010

<p>Registration Information: Print first and last name here as you wish it to appear on your name badge. Please use ONE FORM for each registrant (photocopy if necessary).</p> <p>*All confirmations and other communications will be done via email. You MUST provide a valid e-mail where this information can be sent.</p>	<p>Due Date - July 24, 2010 First Name: _____ Last Name: _____ School / Institution: _____ Please - include the full name of your School/Institution/Business)</p> <p>Preferred Address: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Business Street Address: _____ City, State, Zip: _____ County: _____ Daytime Phone: _____ E-mail* (school): _____ Summer Phone: _____ E-mail* (home): _____</p>
<p>Primary Responsibility:</p>	<p>Teacher: <input type="checkbox"/> PK-2; <input type="checkbox"/> 3-5; <input type="checkbox"/> 6-8; <input type="checkbox"/> 9-12; <input type="checkbox"/> 2 Year College; <input type="checkbox"/> 4 Year College; <input type="checkbox"/> Supervisor <input type="checkbox"/> Supervisor/Support 9-12; <input type="checkbox"/> Student; <input type="checkbox"/> Retired; <input type="checkbox"/> Other: _____</p>
<p>Dues Category: If you select a MCTM dues Category you are eligible to pay the member rate for conference registration. **If you select a Joint Membership category you automatically become a member of MSTA, MCTM, and MCSS and are eligible to pay the member rate for conference registration.</p>	<p>MCTM Dues Only**: Fee Total</p> <p><input type="checkbox"/> MCTM New Member \$35* \$ _____ <input type="checkbox"/> MCTM Individual Membership Renewal \$35* \$ _____ Member Number _____ <input type="checkbox"/> MCTM Retired Membership Renewal \$17.50* \$ _____ <input type="checkbox"/> MCTM College Student (Full-time Undergrad or Graduate) \$17.50 \$ _____ <input type="checkbox"/> Joint Membership \$60 \$ _____ <input type="checkbox"/> School / Institutional Membership \$175 \$ _____</p>
<p>Registration: We encourage you to register online at www.mictm.org fax your registration to (734) 241-4128 Mail your registration to MCTM 4767 Stadler Road Monroe, MI 48162</p>	<p>Members: (Member Number: _____) <input type="checkbox"/> 1 1/2 Day Registration: \$140 Non-Members: <input type="checkbox"/> 1 1/2 Day Registration: \$190 Full-Time Student Members: <input type="checkbox"/> 1 1/2-Day Registration: \$75 Full-Time Student Non-Members: <input type="checkbox"/> 1 1/2-Day Registration: \$95 Non-Teaching Spouse: <input type="checkbox"/> Non-Teaching Spouse: \$10 Name for badge _____</p> <p>Late Fee if Postmarked AFTER July 24, 2010 or for registering at conference: \$25</p> <p>Administrators Discount available - Register five (5) Teachers at the conference and receive one (1) Institute Registration for yourself Attend the Institute and Conference and receive a 20% discount on the total charges for registration.</p>
<p>Payment Information: No Purchase Orders Accepted</p> <p>Make Checks Payable to: MCTM (tax i.d.# 23-7176997)</p> <p>Questions? Contact Chris Berry info@mictm.org (734) 477-0421</p>	<p>Total Amount Enclosed: \$ _____ <input type="checkbox"/> Enclosed is my Check/Money Order #: _____ <input type="checkbox"/> Please bill my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard</p> <p>The following information is required. Name on Card _____ Credit Card Number _____ CVV Code (3 or 4-digit code on back _____) Card Number Expiration Date ____/____ Billing Street Address / State / Zip of Credit Card _____</p> <p>E-mail Address to send receipt _____</p> <p>Signature _____ Date _____</p>