

GROUP REGISTRATION FORM (Five or more attendees)

NCTM 2021 Virtual Annual Meeting • April 21 – May 1, 2021

1 Coordinator's Information * Required Information

First Name* _____
 Last Name* _____
 Institution* _____
 Address* _____
 City* _____
 State/Province* _____
 ZIP/PC* _____ Country* _____
 Email* _____
 Phone _____

NCTM offers discounts for **groups of 5 or more attendees** for the full conference, registering at the same time using one form of payment, with confirmations being sent to one mailing address. Please note that the Coordinator listed will be responsible for receiving and distributing the confirmations and badges for the group. If a purchase order is being used, a copy must be attached to your online registration or sent by mail or fax with your registration form to ensure accuracy.

Questions?

Online: www.nctm.org/virtualannual
Mail: NCTM Annual Meeting Registration
 P.O. Box 844277
 Dallas, TX 75284-4277
Phone: (800) 561-6691 (toll-free) or (514) 798-1934 (int'l)
 M-F 8:30 a.m.–5:30 p.m. ET
Fax: (888) 289-9844 (toll-free) or (514) 289-9844 (int'l)
Email: NCTManualmeeting@showcare.com

2 Attendee Information (for 5 or more attendees; add sheets as needed)

Group Registration: Rates are per registrant, for registering groups of 5 or more.
 One year of Essential membership included.
Group (5 or more): \$291 each.

	Job Function** & Grade Level***	Virtual Annual Meeting	Preconference Workshop April 20 \$85	Preconference Workshop April 21 \$85	TOTAL
Mbr # _____ Name _____ JF: _____ Address _____ GL: _____ City _____ State _____ ZIP _____ Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mbr # _____ Name _____ JF: _____ Address _____ GL: _____ City _____ State _____ ZIP _____ Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mbr # _____ Name _____ JF: _____ Address _____ GL: _____ City _____ State _____ ZIP _____ Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mbr # _____ Name _____ JF: _____ Address _____ GL: _____ City _____ State _____ ZIP _____ Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mbr # _____ Name _____ JF: _____ Address _____ GL: _____ City _____ State _____ ZIP _____ Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**Job Functions: Experienced Teacher, Early Career Teacher, Administrator, Coach/Coordinator, Math Specialist, University/College Professor, Student/Preservice, Consultant, Retired
 ***Grade Levels: PK-2, 3-5, 6-8, 9-12, Higher Ed

3 Total Payment

Total Payment in U.S. dollars \$ _____

All payments must be submitted in U.S. dollars drawn on U.S. bank accounts, money orders, or credit cards. If paying by credit card, billing will be subject to the appropriate exchange rate. Approved purchase orders are accepted—please submit a scanned/electronic copy with your online or emailed registration, or mail/fax a copy with your registration form.

Cancellation requests must be received in writing on or before March 31, 2021. NCTM will issue a full refund minus a \$50 cancellation fee for members, nonmembers, each person affiliated with a group and nonteaching guests and a \$25 fee for student members, student nonmembers and emeritus members. In addition, a \$50 cancellation fee will be charged for preconference workshop registrations. Substitutions will be accepted via email, letter, and onsite registration. Refer to nctm.org/virtualannual for the full cancellation policy.

Attendees with special needs, as defined by ADA, should send your requests by email to conferencedept@nctm.org. To ensure your request is fulfilled, please send the request before March 31, 2021.
 Check here to be removed from rental lists. If you do not check this box, contact information, including email addresses, may be included in a rental list.

4 Method of Payment

Check (made payable to NCTM) Money Order P.O. # _____
(for conference registration)

Visa MasterCard American Express

Card Number _____

Cardholder Name _____

Exp. Date _____

Billing Address _____

Print Name _____

Signature _____

Date _____