

GROUP PREREGISTRATION FORM (for 5 or more attendees)

NCTM 2019 Regional Conference • September 25–27 • Boston, MA

1 Coordinator's Information *Required Information

First Name* _____ Last Name* _____
 Institution* _____ Address* _____
 City* _____ State/Prov* _____
 ZIP/PC* _____ Country* _____ E-mail* _____
 Phone _____

How to Register/Questions?

Online: www.nctm.org/boston2019 **Phone:** (855) 720-8053 (toll-free) OR (514) 798-1934 (int'l)
E-mail: NCTMregionals@showcare.com **Fax:** (888) 289-9844 (toll-free) OR (514) 289-9844 (int'l)
Mail: NCTM Conference Registration, P.O. Box 844277, Dallas, TX 75284-4277

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 below 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.

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

Mbr # _____	Name, Job Function*, Grade Level** _____	
School Name _____	Address _____	<small>(for badge)</small>
City _____	State _____ ZIP _____	Email _____
Mbr # _____	Name, Job Function*, Grade Level** _____	
School Name _____	Address _____	<small>(for badge)</small>
City _____	State _____ ZIP _____	Email _____
Mbr # _____	Name, Job Function*, Grade Level** _____	
School Name _____	Address _____	<small>(for badge)</small>
City _____	State _____ ZIP _____	Email _____
Mbr # _____	Name, Job Function*, Grade Level** _____	
School Name _____	Address _____	<small>(for badge)</small>
City _____	State _____ ZIP _____	Email _____

***Professional Level:** Experienced Teacher, Early Career Teacher, Administrator, Coach/Coordinator, Math Specialist, University/College Professor, Student/Preservice, Consultant, Retired

****Grade Level:** PK–2, 3–5, 6–8, 9–12, Higher Ed, Other _____

3 Group Registrations

Early-Bird Registration on or before August 21 <input type="checkbox"/> \$315 x _____	Regular Registration on or before September 24 <input type="checkbox"/> \$349 x _____	On-Site Registration September 25 <input type="checkbox"/> \$383 x _____
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PRECONFERENCE WORKSHOP

*Catalyzing Change in High School Mathematics:
 Unpacking Challenges, Critical Conversations, and Next Steps*

Date September 25	Time 9:00 a.m.–4:30 p.m.	With Conference <i>(list attendee names)</i> <input type="checkbox"/> \$145 _____
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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 e-mailed registration, or mail/fax a copy with your registration form.

Cancellation requests must be received in writing on or before August 28. NCTM will issue a full refund minus a \$50 cancellation fee for members, nonmembers, and each person affiliated with a group. 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/boston2019 for the full cancellation policy.

Attendees with special needs, as defined by ADA, should send your requests by fax to (703) 295-0956 or e-mail conferencesdept@nctm.org. To ensure your request is fulfilled, please send the request before August 28.

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. # _____
 Visa MasterCard American Express *(for conference registration)*

Card Number _____
 Exp. Date _____
 Billing Address _____

 Print Name _____
 Signature _____
 Date _____