

# GROUP REGISTRATION FORM (Five or more attendees)

## NCTM 2020 Virtual Conference • November 11–14

### 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/virtual2020](http://www.nctm.org/virtual2020)  
**Mail:** NCTM Conference 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:** [NCTMVirtualConf@showcare.com](mailto:NCTMVirtualConf@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):** \$215

	Job Function** & Grade Level***	Virtual Conference	Preconference Workshop	TOTAL
<b>Mbr #</b> _____ <b>Name</b> _____ Address _____ City _____ State _____ ZIP _____	JF: _____ GL: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<b>Mbr #</b> _____ <b>Name</b> _____ Address _____ City _____ State _____ ZIP _____	JF: _____ GL: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<b>Mbr #</b> _____ <b>Name</b> _____ Address _____ City _____ State _____ ZIP _____	JF: _____ GL: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<b>Mbr #</b> _____ <b>Name</b> _____ Address _____ City _____ State _____ ZIP _____	JF: _____ GL: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<b>Mbr #</b> _____ <b>Name</b> _____ Address _____ City _____ State _____ ZIP _____	JF: _____ GL: _____	<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 October 16, 2020. 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/virtual](http://nctm.org/virtual) for the full cancellation policy.

**Attendees with special needs**, as defined by ADA, should send your requests by email to [conferencedept@nctm.org](mailto:conferencedept@nctm.org). To ensure your request is fulfilled, please send the request before October 21, 2020.

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 \_\_\_\_\_