



INDIANA COUNCIL OF TEACHERS OF MATHEMATICS
Registration Form – Annual Conference (November 6-7th, 2016)



IMPORTANT INFORMATION:

- Registrations must be received by November 1, 2016
- Purchase Orders are accepted with payer’s email address included – please send a copy with this form.
- All materials (name tag, lunch ticket, program booklet) should be picked up at the registration table when you arrive.
- Additional information may be found on ICTM’s Web Site www.indianamath.org
- You may photocopy this form as needed – please only one name per registration form.
- Requests for sign language interpreting services need to be received by October 15, 2016.

PERSONAL INFORMATION:

Name (please print or type) _____

Home Address _____

City _____ State _____ Zip Code _____ Phone _____

E-mail: _____

School _____ Grade Level _____

Part A: Registration Fee

____ Check here if you are a speaker for this conference - your conference fee is waived. Speaker registration does NOT include lunch.

Lunch can be ordered for \$20.

____ Registration fee \$110 (1-year ICTM membership and Luncheon on Monday is included)

____ Student Member \$36 (Luncheon on Monday is included)

Note: Registration fees “on-site” and after the 11/1/2016 will be \$130 (\$45 for Students)

Part A: ICTM Conference Fee (\$0 if presenting) \$ _____

Lunch \$20 (Presenters only. Regular registration includes lunch): \$ _____

TOTAL AMOUNT: \$ _____

Payment Method:

School check \$ _____

Personal check \$ _____

Purchase order \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

If paying by Purchase Order, invoices will be sent to the payer’s email address.

Payer’s email address _____

Return this form with appropriate method of payment made payable to ICTM. Send to:

ICTM
c/o Gina Yoder
9517 Nora Lane
Indianapolis, IN 46240