



2017 SPRING MATHEMATICS CONFERENCE

April 28-29, 2017

Duluth Entertainment Convention Center (DECC)

Duluth, MN

"Creating Communities of Success: Each and Every..."

... Learner

...Teacher

...Standard

...School

...Moment

ADVANCE REGISTRATION FORM

SPRING CONFERENCE REGISTRATION RATE INFORMATION

- Friday and Saturday registration fee includes two lunches and the Friday evening President's Reception
- Saturday only registration includes one lunch - There is no Friday only registration
- For refund requests received by April 21, 2017, MCTM will refund 50% of your registration fee. After this date, no refunds will be given
- Register by Friday, April 7, 2017 to receive the "Early Bird" discount rate
- Advance registration closes Friday, April 21, 2017. After this date you may register on-site

PERSONAL INFORMATION

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 HOME PHONE _____
 WORK PHONE _____
 EMAIL _____
 SCHOOL _____

POSITION

- Teacher/Professor/Instructor
- Specialist/Coach/Supervisor
- Administrator
- Undergraduate Student
- Certification K- 8 5 - 12
- Other
- Retired

LEVEL

- Elementary
- Junior High/Middle School
- High School
- District
- Post Secondary
- Other

CONFERENCE REGISTRATION FEES

	Friday and Saturday	If after 4/7/2017	Saturday Only
Registration	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$245.00	<input type="checkbox"/> \$125.00
Full time student	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$ 75.00
Lead Speaker	<input type="checkbox"/> \$ 95.00	<input type="checkbox"/> \$105.00	<input type="checkbox"/> \$ 65.00
Retiree	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$ 75.00

MCTM MEMBERSHIP and MEMBERSHIP RENEWAL

Sustaining Membership
 1 Year - \$25.00 or more

E-Membership
 Free

MEAL INFORMATION

- Vegetarian meals requested
- Gluten free meals requested

CONFERENCE LODGING

For information about conference lodging in Duluth see www.mctm.org

PAYMENT INFORMATION

Amount Due

Registration Fee \$ _____

Membership Dues \$ _____

Foundation Contribution \$ _____
(Optional)

TOTAL DUE \$ _____

Method of Payment

- Credit Card VISA MasterCard American Express Discover
 Card Number _____
 Expiration Date _____ Security Code _____ Billing Zip Code _____
 Name on Card _____
- Check payable to MCTM
- PO Number _____

(Purchase order must be attached)

Mail to: MCTM
 PO Box 130816
 Roseville, MN 55113

Questions concerning registration or payment?

Contact: Ellen Delaney
 651.295.3300
 mctm@mctm.org