



**Minnesota Council of Teachers of Mathematics
2018 ROSS TAYLOR SYMPOSIUM FOR MATHEMATICS EDUCATION AND LEADERSHIP**

“HEART”

Thursday, May 3, 2018

Duluth Entertainment and Convention Center – Duluth, MN



INFORMATION NEEDED FOR REGISTRATION

REGISTRATION FEES

	On Time Registration	Late Registration After 4/16/18
First Registration	\$150.00	\$175.00
Registrations for team members 2-5	\$120.00	\$145.00
Free Registration for 1 administrator or 1 Curriculum Director for each 4 paid registrants	\$ 0.00	\$ 0.00

- Each team may have one to five registrants with discounted registration for teams of two or more from the same school or district
- The fee for the first registrant on a team is \$150
- The fee for other registrants on the team is \$120
- For each four paid registrants, one building principal or district curriculum director may attend on the team for free
- Registration fee includes continental breakfast, lunch, and a copy of the book HEART by Tim Kanold

REGISTRATION INFORMATION

- Before registering, gather the name, level, role, email, and special food needs for each team member. Vegetarian and Gluten-Free lunches available upon request.
- To avoid a late fee, register by April 16, 2018.
- Registrants will receive an email confirmation of your registration. Be sure to provide a current email address.
- For information about lodging in Duluth see www.mctm.org

IMPORTANT NOTES

- Electronic registration is preferred. The link to registration is: <http://www.mctm.org/symposiumregistration.php>
- If you are registering a large group from a school or district, contact Ellen Delaney at mctm@mctm.org for alternate registration materials.

Mail to:

MCTM
PO Box 130816
Roseville, MN 55113

Registration or payment questions?

Ellen Delaney
651-295-3300
mctm@mctm.org

Symposium program questions?

Sue Wygant
651-582-8581
susan.wygant@state.mn.us

2018 Ross Taylor Symposium Registration



District Name _____

Registrant #1

First Name Last Name School Grade Level

Role Preferred Email Regular, Vegetarian, Gluten-Free?

Registrant #2

First Name Last Name School Grade Level

Role Preferred Email Regular, Vegetarian, Gluten-Free?

Registrant #3

First Name Last Name School Grade Level

Role Preferred Email Regular, Vegetarian, Gluten-Free?

Registrant #4

First Name Last Name School Grade Level

Role Preferred Email Regular, Vegetarian, Gluten-Free?

Registrant #5

First Name Last Name School Grade Level

Role Preferred Email Regular, Vegetarian, Gluten-Free?

Registrant #6

First Name Last Name School Grade Level

Role Preferred Email Regular, Vegetarian, Gluten-Free?

Mail to: MCTM, PO Box 130816, Roseville, MN 55113

Or email to: mctm@mctm.org **Subject:** Symposium Registration Form