



Western Location: Zermatt Hotel, Resort, and Conference Destination July 15–18, 2008

Note: Room reservations must be made directly with the Zermatt; call (866) ZERMATT.

For more information about the Zermatt, visit www.zermatt.dolce.com.

Use this form to register for the Academy, join NCSM, renew a membership, and/or update member information. Complete this form and return with credit card information or a check (U.S. funds). The information you provide will be used by the NCSM office for mailings, contacting you, and printing in our Membership Directory. Check here if you do not want your information to be shared in an NCSM membership directory.

PLEASE PRINT LEGIBLY OR TYPE.

Circle One: Mr. Mrs. Ms. Miss Dr. Fr. Sr.

First Name _____ Middle Name or Initial _____ Last Name _____

Position _____ Employer _____

This is my complete Home Work mailing address: Update Renewal New Member

Address line 1 _____ Home Phone _____

Address line 2 _____ Work Phone _____

City _____ State _____ Zip _____ Fax _____

Country _____ E-mail _____
(if NOT United States) (membership confirmation will be sent via e-mail)

NCSM sometimes provides its mailing list to outside companies. These companies have been approved to send catalogs, publications, announcements, ads, gifts, etc. Please check the box below to be removed from ALL mailing lists. In addition, by checking this box, only your name without contact information will be included in the NCSM Membership Directory.

To help us better serve you and foster networking, tell us more about yourself.

Please check ALL that apply. I am a leader in mathematics education at the following levels:

- National
- Regional (more than one state/province)
- State/Province
- District/County/City
- Building (teacher, principal, etc.)
- University/College
- Senior High School
- Junior High/Middle School
- Elementary School
- Pre-school
- Publisher
- Author
- Consultant/Independent
- Student
- Retired
- Other: _____

Do you make purchasing decisions?

Yes No

Check ALL the areas you serve:

- Rural
- Suburban
- Urban
- Second Language
- Free/Reduced Lunch
- Special Needs
- Other: _____

Work Experience:

- Pre-service teacher
- First year on the job
- 1–5 years on the job
- 6–10 years on the job
- 11–20 years on the job
- 21–30 years on the job
- Over 30 years on the job
- Retired

Since designations vary over time, check the one you feel best describes you:

- African American/Black
- Asian American
- Bi-racial/multi-racial
- European American/White
- Hispanic/Latino
- Native American
- Pacific Islander
- Other: _____

Gender:

Male Female

Age:

- Under 25
- 25–34
- 35–44
- 45–54
- 55 or over

Are you registering as an individual or as part of a team?

Individual Team _____
Team Name

TO REGISTER

Regular registration closes with forms and payments RECEIVED by May 12, 2008. Late registrations will be accepted on a space-available basis through June 18, 2008, but must include an additional \$25 late fee. Registration becomes effective only when payment is received. Registration is limited and is on a first-come, first-served basis. Return this form with payment to NCSM (address and fax below). A confirmation (including a receipt, welcome letter, and any available additional information) will be mailed directly to registrants as soon as their registration is processed.

CANCELLATION POLICY

Refunds for cancellation will be remitted on the following schedule. If the request is made:

- a) by May 12, 2008, \$350 will be refunded;
- b) from May 12 through June 18, 2008, \$200 will be refunded;
- c) on June 19, 2008 or later, no refund will be remitted.

Memberships cannot be canceled, so dues are not refunded.

NCSM MEMBER AND CONFERENCE SERVICE OFFICE ADDRESS

6000 E Evans Ave Ste 3-205 • Denver CO 80222
Phone: (303) 758-9611 • Fax: (303) 758-9616
E-mail: ncsmoffice@ncsmonline.org • NCSM Tax ID #39-1556438

REGISTRATION FEES & MEMBERSHIP DUES

	Advanced (by 5/12/08)	Late (after 5/12/08)
Current Member Registration (Membership expires after 7/31/08)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475
Non-Member Registration	<input type="checkbox"/> \$535	<input type="checkbox"/> \$560

TOTAL PAYMENT \$ _____

METHOD OF PAYMENT

Return this form with a check or money order (payable to NCSM in U.S. funds) or MasterCard/Visa information. **Purchase orders are not accepted for registration or dues.** Whether mailed or faxed, registrations must be RECEIVED no later than MAY 12, 2008, or the \$25 late fee applies.

Check/M.O. MasterCard Visa

Credit Card # _____

Cardholder Name _____ Exp. Date ____/____

Cardholder Signature _____