



2016 NCSM Leadership Academy

"Mathematics Leadership in a Time of Change: **Building Leaders at all Levels**"

Registration Form and Information PLEASE PRINT LEGIBLY

You may register for the academy online by visiting mathedleadership.org. You may also register by completing the form below and mailing it to: NCSM Member and Conference Services • PO Box 3406 • Englewood, CO 80155; or faxing it to: (303) 200-7099.

I am registering for the	e academy in:					
☐ Lincolnshire, Illinois:	July 18- July 20, 2016	j		DEADLINE TO	O REGISTER IS JULY 1, 2016	
When working in grad	e-level groups during	the Academy, I prefer	to focus on	(circle one): Gr. K–5 Gr	. 6–8 Gr. 9–12	
I am (check one):	A Member ☐ A Non	ı-Member				
First Name:		N	Middle:			
Last Name:						
Title:						
Employer:						
This is my complete ad	dress (check one):	Home ☐ Work				
Address:	, , , _			Cancellatio	n Policy	
	State/Province:			Refund – 80% if requested by: June 22		
Country:					cy. valle 22	
Zip/Postal Code:				Refund – 50% if requested from: June 23-July 1		
Геlерhone: ()				Defined 00% if requested often July 1		
Fax: ()				Refund - 0% if requested after: July 1		
Email:						
I am registering as:	☐ An Individual	☐ A Team	Member (3 d	or more people make a team)		
Team Name (if registering	ng as a team) :					
Leadership Academy R						
	Early Registration		e Registration			
	On or before June 22 Member* Non-Memb		ne 23 to July Non-Membe		d on availability) Non-Member	
Individual	\$425 \$450	\$450			\$500	
Team Member	\$400 \$425	\$425	\$450		\$475	
PAYMENT CALCULATIO	N \$	+ \$		= \$		
	Registration	i Fee	\$85 Member l	Fee Tot	al Amount Due	
Method of Payment (p	payment must be received p	orior to attending the Acad	lemy, Make ch	ecks payable NCSM)		
☐ Check/Money Order/P	urchase Order (Copy of	PO must accompany regi	stration form	.) #:		
For purchase orders: Pleas	se provide a name & emai	l or fax number of accoun	nts navable for	rus to invoice for		
payment:						
☐ Credit Card: #:	☐ MasterCard	☐ Discover ☐ Vi	isa (check one	Exp Date:		
Cond Holdon Nomes	_	_	,			
Card Holder Name:	(plea	ase print)	Card Hold	er Signature:		
Card Holder Billing Ad	`*	ove)				
Address 1:				Address 2:		
	Address 2: State/Province: Zip/Postal Code (must provide for processing): Country:					
Important Notes	State/1101iiiee.	np/1 obtail code (must p	To ride for pr	Country		

Important Notes:

NCSM academies do fill completely before deadlines, so register promptly. NCSM will accept registrations on a space-available basis.

Please contact NCSM Member and Conference Services (303-758-9611) to check availability. It is recommended that you not make any travel arrangements prior to determining space availability and you secure your registration. Registration is not guaranteed until your payment is received.

^{*} If you are not an NCSM member or your membership expires at the end of the month of the Academy you are interested in attending, you may pay for an NCSM membership (\$85) using this form. Doing so extends your membership another year and you may then register as an NCSM member. Please note: membership fees are non-refundable. $See \ mathed leadership. org \ for \ additional \ payment, \ refund, \ and \ cancellation \ details.$