



49th NCSM Annual Conference San Antonio, TX

Advance Registration Deadline: March 10, 2017

Please use this form to register for the 2017 Annual Conference and to renew your membership. Complete this form and return with payment information. The information you provide will be used by the NCSM Office for member communication, mailing lists and the NCSM membership directory.

Please Print Legibly or Type

First Name: _____ Middle: _____

Last Name: _____

This is my complete address: Home Work

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

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

Title: _____

Employer: _____

Telephone: _____

Fax: _____

*Email: _____

*(Registration confirmations will be sent via email)

MEMBERSHIP

I am a current NCSM Member (as of 4/30/17) I am not an NCSM Member I want to renew my NCSM Membership \$85.00

To join NCSM, visit mathedleadership.org to download an "NCSM Membership Application" and send in with your registration.

Subtotal Membership: \$

CONFERENCE REGISTRATION OPTIONS

MEAL FUNCTIONS / EVENTS

PLEASE NOTE: Tickets to each function are limited based on sponsor participation and are given on a first-come, first-served basis

- Cancellations must be received no later than **March 10, 2017**
 - NCSM will refund registration fees, less a 25% administration fee.
 - NCSM Membership dues are NOT refundable.
- Registration and attendance at, or participation in, NCSM's meetings and other activities constitutes an agreement by the registrant to NCSM's use and distribution of the registrant or attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.
- Please send registrations to:
NCSM Office
PO Box 3406, Englewood, CO 80155
Ph: 303-303-317-6595; Fax: 303-303-200-7099
Email: office@mathedleadership.org

METHOD OF PAYMENT

Credit Card Purchase Order #: _____ Check

Credit Card# _____

Zip: _____ Exp: _____ CVV: _____

Cardholder Name: _____

Signature: _____

- Purchase orders will be accepted for registration only with a valid P.O. number included on this form.
- Payment is due in full by **March 10, 2017**.
- NOTE: An invoice will NOT be sent.
- NCSM Tax ID: 39-1556438