

# Attendee Conference Registration Form



## 42<sup>nd</sup> NCSM Annual Conference in San Diego

Online registration is available [www.mathedleadership.org](http://www.mathedleadership.org)



Please use this form to register for the 2010 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 4/30/2010

I am not an NCSM Member

I want to renew my NCSM Membership: **\$85.00**

**Subtotal Membership: \$**

### CONFERENCE REGISTRATION

Full Conference Registration	Advance Registration On or before March 26, 2010	Late/On-Site Registration After March 26, 2010
<input type="checkbox"/> NCSM Member	\$175	\$205
<input type="checkbox"/> Non-Member	\$275	\$305

  

One-Day Conference Registration	Member	Non-Member	Member	Non-Member
<input type="checkbox"/> Monday Only	\$90	\$140	\$105	\$155
<input type="checkbox"/> Tuesday Only	\$90	\$140	\$105	\$155
<input type="checkbox"/> Wednesday Only	\$90	\$140	\$105	\$155

**Subtotal Registration: \$**

### Meal Functions / Events

**PLEASE NOTE:** Tickets to each function are limited and are not guaranteed to all who register in advance.

Please indicate the functions/events you wish to attend:	I wish to attend:
Monday Box Lunch	<input type="checkbox"/>
Tuesday Breakfast	<input type="checkbox"/>
Tuesday Luncheon	<input type="checkbox"/>
Tuesday Reception	<input type="checkbox"/>
Wednesday Breakfast	<input type="checkbox"/>
Wednesday Luncheon	<input type="checkbox"/>

**NCSM Tax ID: 39-1556438**

- Cancellations must be received no later than **March 26, 2010**
  - NCSM will refund registration fees, **less 25%**.
  - **NCSM Membership dues are NOT refundable.**
- Please send registrations to:
  - NCSM Member & Conference Services
  - 6000 E. Evans Avenue, #3-205; Denver, CO 80222
  - Ph: 303-758-9611; Fax: 303-758-9616
  - email: [office@ncsmonline.org](mailto:office@ncsmonline.org)

**Total Amount Due:**

### Method of Payment

Visa  MasterCard  Discover  Purchase Order #: \_\_\_\_\_

Check/Money Order (U.S. funds only) #: \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

▪ Purchase orders will be accepted for registration only with a valid P.O. number included on this form – please note payment is due in full by **April 1, 2010**.

▪ **NOTE: An invoice will NOT be sent.**

▪ **PURCHASE ORDERS ARE NOT ACCEPTED FOR MEMBERSHIP DUES.**

