

GROUP REGISTRATION FORM (Five or more attendees)

NCTM 2022 Regional Conference New Orleans • February 2-4, 2022

1 Coordinator's Information * Required Information

First Name* _____
 Last Name* _____
 Institution* _____
 Address* _____
 City* _____
 State/Province* _____
 ZIP/PC* _____ Country* _____
 Email* _____
 Phone _____

NCTM offers discounts for **groups of 5 or more attendees** for the full conference, registering at the same time using one form of payment, with confirmations being sent to one mailing address. Please note that the Coordinator listed will be responsible for receiving and distributing the confirmations and badges for the group. If a purchase order is being used, a copy must be attached to your online registration or sent by mail or fax with your registration form to ensure accuracy. Please note, each attendee will be required to sign a waiver prior to your receiving event badge and materials.

Questions?

Online: [k k k 'bVta "cf\[#BC@5&\\$&&](mailto:k k k 'bVta)
Mail: B7HA FY[]cbU`7cbZfybW FY[]gfuH]cb
 D"C"6cl ; ((&+ '8U`UgZHL +) & , !(&+ +
Phone: (800) 561-6691 (toll-free) or (514) 798-1934 (int'l)
 M-F 8:30 a.m.-5:30 p.m. ET
Fax: (888) 289-9844 (toll-free) or (514) 289-9844 (int'l)
Email: B7HA FY[]cbUg4 g]ck WfY"Vta

2 Attendee Information (for 5 or more attendees; add sheets as needed)

Group Registration: Rates are per registrant, for registering groups of 5 or more. One year of Essential membership included.

Group (5 or more): ' ' ' ' ' YUM VmBYa Ya VYf, 'UbX' ' ') - YUW UZyf8YWa VYf,

	9UFn6]FX FY[]gfuH]cb by December 8	FY[]UF FY[]gfuH]cb by January 28	DFY7cbZfybW K cf_g]cd \$145	TOTAL
Job Function** & Grade Level*** _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mbr # _____ Name _____ JF: _____ Address _____ GL: _____ City _____ State _____ ZIP _____ Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mbr # _____ Name _____ JF: _____ Address _____ GL: _____ City _____ State _____ ZIP _____ Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mbr # _____ Name _____ JF: _____ Address _____ GL: _____ City _____ State _____ ZIP _____ Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mbr # _____ Name _____ JF: _____ Address _____ GL: _____ City _____ State _____ ZIP _____ Email _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**Job Functions: Experienced Teacher, Early Career Teacher, Administrator, Coach/Coordinator, Math Specialist, University/College Professor, Student/Preservice, Consultant, Retired
 ***Grade Levels: PK-2, 3-5, 6-8, 9-12, Higher Ed

3 Total Payment

Total Payment in U.S. dollars \$ _____

All payments must be submitted in U.S. dollars drawn on U.S. bank accounts, money orders, or credit cards. If paying by credit card, billing will be subject to the appropriate exchange rate. Approved purchase orders are accepted—please submit a scanned/electronic copy with your online or emailed registration, or mail/fax a copy with your registration form.

Cancellation requests must be received in writing on or before January 3, 2022. NCTM will issue a full refund minus a \$50 cancellation fee for members, nonmembers, each person affiliated with a group and a \$25 fee for emeritus members. Workshops and membership dues are non-refundable. Substitutions will be accepted via email or letter prior to January 3. Refer to nctm.org/nola2022 for the full cancellation policy.

Attendees with special needs, as defined by ADA, should send your requests by email to conferencept@nctm.org. To ensure your request is fulfilled, please send the request before January 3, 2022.

Check here to be removed from rental lists. If you do not check this box, contact information, including email addresses, may be included in a rental list.

4 Method of Payment

Check (made payable to NCTM) Money Order P.O. # _____
(for conference registration)
 Visa MasterCard American Express

Card Number _____
 Cardholder Name _____
 Exp. Date _____
 Billing Address _____

Print Name _____
 Signature _____
 Date _____