

Early-Bird Registration:
by October 20

Regular Registration:
by November 20

1. CONTACT INFORMATION

*Required Information

FIRST NAME* _____

LAST NAME* _____

NCTM MEMBER # _____ INSTITUTION* _____

ADDRESS* _____

CITY* _____ STATE/PROVINCE* _____

ZIP/PC* _____ COUNTRY* _____

EMAIL* _____

HOME/CELL PHONE* _____ WORK PHONE _____

2. PROFESSIONAL INFORMATION

Please select the grade level and job function you'd like on your badge:

GRADE LEVEL	JOB FUNCTION	
<input type="checkbox"/> Grades PK-2	<input type="checkbox"/> Experienced Teacher	<input type="checkbox"/> Early Career Teacher
<input type="checkbox"/> Grades 3-5	<input type="checkbox"/> Administrator	<input type="checkbox"/> Coach/Coordinator
<input type="checkbox"/> Grades 6-8	<input type="checkbox"/> Math Specialist	<input type="checkbox"/> Researcher
<input type="checkbox"/> Grades 9-12	<input type="checkbox"/> Student/Preservice	<input type="checkbox"/> Consultant
<input type="checkbox"/> Higher Ed.	<input type="checkbox"/> University/College Professor	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Retired	<input type="checkbox"/> Other _____

Questions?

ONLINE: www.nctm.org/fallvirtual2021
 MAIL: NCTM Conference Registration, P.O. Box 844277
 Dallas, TX 75284-4277
 PHONE: (800) 561-6691 (toll-free) or (514) 228-3172 (int'l)
 Monday-Friday, 8:30 a.m.-5:30 p.m. ET
 FAX: (888) 289-9844 (toll-free) or (514) 289-9844 (int'l)
 EMAIL: nctmvirtualconf@showcare.com

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 policy: Cancellation requests must be received in writing on or before October 27, 2021. NCTM will issue a full refund. No refunds will be honored after October 27, 2021. See the FAQ on www.nctm.org/fallvirtual2021 for more information.

Individuals with disabilities as defined by ADA, should send your requests by email to conferencesdept@nctm.org. To ensure your request is fulfilled, please send the request before October 27, 2021.

EVENT WAIVER/CODE OF CONDUCT

I acknowledge that I agree to comply with the NCTM Code of Conduct. I authorize NCTM and its representatives to take virtual photos or video of me while at the event, to identify me by name, and to disseminate the photos and video for NCTM purposes.

3. REGISTRATION RATES

FULL REGISTRATION	Through Oct 20	Oct 21 to Nov 20
Premium Nonmember (Includes complimentary premium membership)	<input type="checkbox"/> \$324	<input type="checkbox"/> \$341
Essential Nonmember (Includes complimentary essential membership)	<input type="checkbox"/> \$293	<input type="checkbox"/> \$313
Premium Member	<input type="checkbox"/> \$175	<input type="checkbox"/> \$192
Emeritus & Life Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$137
Student Nonmembers (Includes complimentary student membership)	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49
Student Member	<input type="checkbox"/> Free	<input type="checkbox"/> Free
Essential Member	<input type="checkbox"/> \$199	<input type="checkbox"/> \$219

4. OPTIONAL EVENTS

Pre-Conference Workshop \$85 (with meeting) \$99 (Workshop only)

Online Murder Mystery Free (Wednesday) Free (Thursday)

MET Donation:

Mathematics Education Trust \$25 \$50 \$100 Other _____

SUBTOTAL: \$ _____

5. SUBTOTALS & TOTAL PAYMENT

Meeting Registration (Section 3) \$ _____

Optional Events (total Section 4) \$ _____

TOTAL PAYMENT IN US DOLLARS: \$ _____

6. METHOD OF PAYMENT

Check (payable to NCTM) Money Order P.O. # _____
 (for conference registration)







CARD NUMBER _____ CVV _____

CARDHOLDER NAME _____ EXP. DATE _____

BILLING ADDRESS LINE 1 _____

BILLING ADDRESS LINE 2 _____

SIGNATURE _____ DATE _____

INDIVIDUAL REGISTRATION FORM

21FVC0925