Association of Mathematics Teacher Educators

The Nineteenth Annual AMTE Conference

Rosen Plaza Hotel, Orlando, Florida
Thursday, February 12 through Saturday, February 14, 2015

Please note: Online registration and payment is also available
through the AMTE website: www.amte.net

Information

Name: _____

Institution: _____

Department: _____

Position: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Fax: _____

☐ Check here if this is a new address

☐ Check here if you are attending your first AMTE Conference

☐ **Check here if you are a speaker (deadline for speaker registration is Sept. 15, 2014)**

Career Status

In order to better serve attendees at its annual conferences, AMTE is interested in clarifying career status of registrants at the 2014 Annual Conference. Below you'll be asked to identify your college/university teaching experience. When determining your years of full-time teaching experience,

- do not include years of teaching at the K-12 level,
- do not include years of teaching before you received a doctoral degree (if applicable),
- do not include years of part-time teaching at the college level, and
- do not include years working in a position when you did not teach college courses.

☐ I am a full-time graduate student.

☐ I am in my first, second or third year of full-time teaching at college or university.

☐ I am in my fourth or fifth year of full-time teaching at college or university.

☐ I am a full-time faculty member/administrator at a college or university and have been in this position for 6 or more years.

☐ I have another type of position (e.g., consultants; professional development providers; K-12 teachers or coaches or specialists or coordinators or supervisors; part-time teacher educators; state-, school- or district-level administrators).

American Disabilities Act (optional)

Pursuant to the Americans with Disabilities Act, I request the following specific aids or assistance: _____

Conference Fees (US funds)

There will be no onsite registration available. Also note that conference registration is limited, please register early.

	Early Registration (Postmarked by Sept. 30)	**Registration** (Postmarked by Nov. 30)	**Late Registration** (RECEIVED by Jan. 30)	Indicate Amount Paid below
Member Registration	$360	$460	$560	_____
Registration and 1 Year Membership Dues	$440	$540	$640	_____
Registration and 2 Year Membership Dues	$512	$612	$712	_____
Registration and 3 Year Membership Dues	$576	$676	$776	_____
Graduate Student Member Registration*	$290	$365	$445	_____
Student Registration and 1 Year Membership Dues*	$330	$405	$485	_____

    *Graduate students must have a current
Graduate Student Verification Form on file,
or submit one with registration.

	Early Registration	**Registration**	**Late Registration**	
Emeritus Member Registration	$360	$460	$560	_____
Emeritus Registration and 1 Year Membership Dues	$400	$500	$600	_____
Emeritus Registration and 2 Year Membership Dues	$436	$536	$636	_____
Emeritus Registration and 3 Year Membership Dues	$468	$568	$668	_____
Non-Member Registration	$470	$570	$670	_____

Donation (US funds)

Would you like to make a donation to the following AMTE initiatives?

Susan Gay Graduate Student Conference Travel Scholarship:
_____
Scholarship for graduate students to support travel to the AMTE Conference.
For more information, see: http://www.amte.net/about/awards/susangayscholarship

Elementary Mathematics Specialist (EMS) Scholarship:
_____
Scholarship for elementary teachers taking coursework towards an EMS type of certification.
For more information, see: http://www.amte.net/about/ems

STaR Fellows Program:
_____
Support program and network for new mathematics teacher educators as they enter the profession.
For more information, see: http://www.amte.net/star

Total Amount Submitted _____
(Conference Fee + Donation)

Meals Included in the Registration Fee

Thursday: lunch, and afternoon break (dinner is on your own after the General Plenary Session)

Friday: continental breakfast, morning coffee break, lunch, afternoon break, and dinner

Saturday: continental breakfast, morning coffee break, and lunch

Special dietary needs: *(must be received by Nov. 30, 2014)*

☐ None ☐ Vegetarian ☐ Vegan (no meat or dairy) ☐ Gluten Free ☐ Dairy-free

☐ Other: _____

Privacy Options

☐ I do not want to receive emails from AMTE

☐ I do not want to receive emails from mathematics-teacher-education-related organizations and companies

☐ I do not want to receive mailings from mathematics-teacher-education-related organizations and companies

Payment Options

If paying by check, please make it payable to AMTE.

If paying by credit card, please complete the following information:

Type of card: ☐ Visa ☐ MasterCard ☐ Discover

Name as it appears on the card: _____

Card number: _____ Expiration: _____

Amount to be charged: _____

Cardholder's Phone: _____ (if different from registrant)

Billing Address: _____ (if different from registrant)

Submitting This Form

Please submit the completed and signed form by sending a scanned copy to our AMTE Treasurer, Suzanne Harper, or mailing to:

Mailing Address:
Suzanne Harper
Department of Mathematics
Miami University
207 Bachelor Hall
Oxford, OH 45056-3414

Suzanne Harper, AMTE Treasurer:
Email: Harpersr@MiamiOH.edu
Office: 513-529-5818
Fax: 513-529-1493