



Association of Mathematics Teacher Educators

Mail Registration Form

Twentieth Annual AMTE Conference

Hotel Irvine Jamboree Center, Irvine, California

Thursday, January 28 through Saturday, January 30, 2016

NOTE: Online registration (preferred) is available at <http://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, 2015)**

Career Status

In order to better serve attendees at its annual conferences, AMTE is interested in clarifying career status of registrants at the 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. 8)	Indicate Amount Paid below
Member Registration	\$365	\$465	\$565	_____
Registration and 1 Year Membership Dues	\$445	\$545	\$645	_____
Registration and 2 Year Membership Dues	\$517	\$617	\$717	_____
Registration and 3 Year Membership Dues	\$581	\$681	\$781	_____
Graduate Student Member Registration*	\$295	\$370	\$450	_____
Student Registration and 1 Year Membership Dues*	\$335	\$410	\$490	_____
*Graduate students must have a current Graduate Student Verification Form on file, or submit one with registration.				
Emeritus Member Registration	\$365	\$465	\$565	_____
Emeritus Registration and 1 Year Membership Dues	\$405	\$505	\$605	_____
Emeritus Registration and 2 Year Membership Dues	\$441	\$541	\$641	_____
Emeritus Registration and 3 Year Membership Dues	\$473	\$573	\$673	_____
Non-Member Registration	\$475	\$575	\$675	_____

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://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://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://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)
Friday: breakfast, lunch, afternoon break, and dinner
Saturday: breakfast and lunch

Special dietary needs: *(must be received by Nov. 30, 2015)*

- None Vegetarian Vegan (no meat or dairy) Gluten-free Dairy-free
 Other: _____

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
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