

Association of Mathematics Teacher Educators

Twenty-First Annual AMTE Conference

Rosen Plaza Hotel, Orlando, Florida Thursday, February 9 through Saturday, February 11, 2017

NOTE: For improved security and processing, please consider using the online registration form at amte.net

Information		
Name:		
Institution:		
Department:		
Position:		
Mailing Address:		
City:	_ State/Province:	Zip/Postal Code:
Home Phone:	_ Work Phone:	
Email:	_ Fax:	
Career Status In order to better serve attendees at its annual conferences, Conference. Below you'll be asked to identify your college/un experience, - do not include years of teaching at the K-12 level - do not include years of teaching before you recell - do not include years of part-time teaching at the - do not include years working in a position when	niversity teaching experience. Whel, el, eived a doctoral degree (if applicate e college level, and	hen determining your years of full-time teaching ble),
☐ I am a full-time graduate student. ☐ I am in my first, second or third year of full-time teaching at ☐ I am in my fourth or fifth year of full-time teaching at ☐ I am a full-time faculty member/administrator at a col ☐ I have another type of position (e.g., consultants; pro coordinators or supervisors; part-time teacher educate	college or university. Ilege or university and have been ofessional development providers;	K-12 teachers or coaches or specialists or
American Disabilities Act (optional) Pursuant to the Americans with Disabilities Act, I request the	e following specific aids or assista	ince:

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. 20)	Indicate Amount Paid below
Member Registration	\$385	\$485	\$585	
Registration and 1 Year Membership Dues	\$465	\$565	\$665	
Registration and 2 Year Membership Dues	\$537	\$637	\$737	
Registration and 3 Year Membership Dues	\$601	\$701	\$801	
Graduate Student Member Registration*	\$305	\$380	\$460	
Student Registration and 1 Year Membership Due *Graduate students must have a current Graduate Student Verification Form on file, or submit one with registration.	s* \$345	\$420	\$500	
Emeritus Member Registration	\$385	\$485	\$585	
Emeritus Registration and 1 Year Membership Du	es \$425	\$525	\$625	
Emeritus Registration and 2 Year Membership Du	es \$461	\$561	\$661	
Emeritus Registration and 3 Year Membership Du	es \$493	\$593	\$693	
Non-Member Registration	\$495	\$595	\$695	
Donation (US funds) Would you like to make a donation to the fo	ollowing AMTE initiat	ives?		
Susan Gay Graduate Student Conference Tr Scholarship for graduate students to support trav For more information, see: http://www.amte.net/	el to the AMTE Confere			-
Elementary Mathematics Specialist (EMS) S Scholarship for elementary teachers taking course For more information, see: http://www.amte.net/	ework towards an EMS	type of certification.		
STaR Fellows Program: Support program and network for new mathemat For more information, see: http://www.amte.net/		s they enter the professic	on.	-
AMTE General Fund: Supports AMTE with non-designated funds for pu	rsuing organizational pr	iorities and ongoing prog	rams.	
		Total Am	nount Submitted	

Fundraising Campaign Please help us celebrate AMTE's 25th Anniversary by purchasing one or more custom polo shirts embroidered with the AMTE logo. All shirts cost \$40. To order shirts, enter a quantity in one or more of the listed options. Shirts will be available for pick-up at the AMTE Conference. Images are for illustration purposes. Sample photos of the shirts will be available soon. Once shirts are printed, refunds cannot be issued. AMTE Polo - Men's Fit - Blue Small Medium Large X-Large **AMTE Polo – Men's Fit - Purple** X-Large Medium Small Large AMTE Polo - Lady's Fit - Blue Medium X-Large Small Large **AMTE Polo – Lady's Fit - Purple** X-Large Small Medium Large **Total Number of Shirts** x \$40 (\$40 each shirt) **Total Amount**

Meals Includ	ed in the Registra	tion Fee							
Thursday: Friday: Saturday:	lunch and afternoon break (dinner is on your own) breakfast, lunch, afternoon break, and dinner								
Special dieta	ry needs: (must be re	eceived by November 30, 2016)							
☐ None	☐ Vegetarian	☐ Vegan (no meat or dairy)	☐ Gluten Free	☐ Dairy-free					
Other:									
If paying by cred	ck, please make it pay dit card, please comple	rable to AMTE. ete the following information: MasterCard Discover							
		(if different from regist							
Billing Address:			(if differe	nt from registrant)					
Mailing Ad Anita Wager University of	completed and signed fo dress: r, AMTE Treasurer f Wisconsin-Madison & Instruction Street	rm by sending a scanned copy to our AMT Anita Wage Email: awage Office: (608) Fax: (608) 26	TE Treasurer, <u>Anita Wager</u> , or er, AMTE Treasurer: er@wisc.edu 263-5142	mailing to:					