



INDIANA COUNCIL OF TEACHERS OF MATHEMATICS
Registration Form – Annual Conference (September 29-30th, 2019)



IMPORTANT INFORMATION:

- Registrations must be received by Thursday, September 26, 2019
- Purchase Orders are accepted with payer’s e-mail address included – please send a copy with this form
- All materials (name tag, lunch ticket, program booklet) should be picked up at the registration table when you arrive
- Additional information may be found on ICTM’s website www.ictm.onefireplace.org
- You may photocopy this form as needed – please, only one name per registration form
- Requests for sign language interpreting services need to be received by September 1st, 2019

PERSONAL INFORMATION:

Name (please print or type) _____

Home Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

School _____ Grade Level _____

REGISTRATION FEE (Check one, please):

- ____ Registration fee **\$135** (1-year ICTM membership and luncheon on Monday is included)
- ____ Full-time undergraduate or full-time graduate registration fee **\$40** (luncheon on Monday is included)
- ____ Speaker for this conference – your conference fee is waived. Speaker registration does NOT include lunch. Lunch can be ordered for **\$25**

*****Registration fees “on-site” and after September 3, 2019, will be \$150 (\$50 for students)**

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|------------------------------|-----------------|------------------------------------|-----------------|
| ICTM conference fee | \$ _____ | PAYMENT METHOD (check one): | |
| Lunch (\$25 presenters only) | \$ _____ | School check | \$ _____ |
| TOTAL AMOUNT | \$ _____ | Personal check | \$ _____ |
| | | Purchase Order | \$ _____ |
| | | TOTAL AMOUNT ENCLOSED | \$ _____ |

If paying by P. O., invoices will be sent to payer’s e-mail address: _____

Return this form with appropriate method of payment made payable to ICTM. Send to: **ICTM, c/o Gina Yoder**
9517 Nora Lane
Indianapolis, IN 46240