

NCTM 2008 Annual Meeting and Exposition

Salt Lake City, Utah • April 9–12, 2008

**Preregistration Deadline
is February 29, 2008**

NCTM offers discounts for groups of 5 or more attendees for the full conference, registering at the same time using one form of payment, with confirmations being sent to one mailing address. Please note that the Coordinator listed below will be responsible for receiving and distributing the confirmations, badges, and program books for the group. If a purchase order is being issued, the original must be mailed with the preregistration form for processing and to ensure accuracy. Each member of the group will pay the group discount rate of \$253. No refunds will be processed for group participants who are eligible for a lower rate, but register with the group. **NCTM membership is not included with Group Discount Registration. Group registrations will not be accepted after the preregistration deadline of February 29, 2008 and are not available on-site.** Call **888-241-8406** or **972-349-7476** if you have any questions.

<p>Please Print:</p> <p>Coordinator Name _____</p> <p>Phone () _____</p> <p>Fax () _____</p> <p>E-mail _____</p>	<p>Shipping address for registration materials (no PO boxes):</p> <p>_____</p> <p>School Name (if applicable) _____</p> <p>_____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>
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Please Print Legibly

	Professional Level*	Individual's Name	E-mail Address	Research Preresession
1.	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>
8.	_____	_____	_____	<input type="checkbox"/>
9.	_____	_____	_____	<input type="checkbox"/>
10.	_____	_____	_____	<input type="checkbox"/>

*Grades: Pre-K–2, 3–5, 6–8, 9–12, K–12, Higher Education, Supervisor, or Retired

Methods of Payment: See page 9 for a complete listing of payment options.

ADA Requests: Contact NCTM with any special needs requests as defined by ADA by fax 703-295-0956 or e-mail ada@nctm.org before February 29, 2008.

Cancellations: See page 9 for cancellations policies. NCTM cannot “hold” a registration. Please list each individual's name.

Additional forms attached

Total Registration Count _____ x	\$253	=	\$ _____
Total Research Preresession _____ x	\$90	=	\$ _____
TOTAL AMOUNT IN U.S.\$		=	\$ _____

METHOD OF PAYMENT

- Check Money Order AMEX
 MC VISA P.O. # _____ include signed original

Credit Card Number _____ Exp. Date _____

Signature (required for credit card payments) _____

Mail registration form and payment to:

**NCTM Annual Meeting
P.O. Box 841195
Dallas, TX 75284-1195**

PLEASE NOTE: By registering for this conference, participants grant NCTM the right to use, in promotional materials, their likeness or voice as recorded on or transferred to: videotape, film, slides, audiotapes or other media.

