



**ASSOCIATION OF MATHEMATICS TEACHER EDUCATORS
THIRTEENTH ANNUAL CONFERENCE**

February 5 – 7, 2009
Orlando, FL

REGISTRATION FORM

(Please note: Online registration and payment is available on the AMTE website:
www.amte.net)

Name _____ Position _____

Department _____ Institution _____

Mailing Address _____ [] Home [] Institution

City _____ State/Province _____ Zip/Postal Code _____

Work Phone () _____ Home Phone () _____

E-mail _____ Fax () _____

Check here if this is a new address _____ Check here if you are a new AMTE member _____

Check here if you are a speaker _____ (the deadline for speaker registration is Oct. 24, 2008)

Check here if you are attending your first AMTE Conference _____

CONFERENCE FEES (amounts listed are US funds): NOTE: THERE WILL BE NO ONSITE REGISTRATION AVAILABLE. Also please note that conference registration is limited; please register early.

	Early Registration (Postmarked by Oct. 15)	Registration (Postmarked by Dec. 5)	Late Registration (RECEIVED by Jan. 26)	Indicate Amount Paid Below
Registration and Membership Dues (1 year of dues included)	\$340	\$415	\$490	
Registration and Membership Dues (2 years of dues included)	\$394	\$469	\$544	
Registration and Membership Dues (3 years of dues included)	\$442	\$517	\$592	
Member Registration	\$280	\$355	\$430	
Non-Member Registration	\$370	\$445	\$520	
Full-time Graduate Student Registration and Membership Dues*	\$260	\$335	\$410	
Full-time Graduate Student Member Registration*	\$230	\$305	\$380	
Technology Workshop (Thursday, 2/5, 9 a.m. – noon) (limited to first 40 registrants)	Free— preregistration required	Free— preregistration required	Free— preregistration required	_____ Check here to attend
TOTAL AMOUNT SUBMITTED				

Other **Preconference Sessions** are offered. Click **here** for session descriptions and information on how to register for these sessions.

Meals included in the registration fee:

Thursday: afternoon break (Note: Dinner is on your own after the opening general session.)

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

Saturday: continental breakfast, morning break, and lunch

Special dietary needs: _____

(must be received by Dec. 5, 2008)

*Graduate student advisor's signature _____

(Graduate students must register by mail or fax)

Check below if you would like to NOT:

___ have the information above included in AMTE's online directory (accessible by AMTE members only)

___ receive emails from AMTE

___ receive emails from mathematics-teacher-education-related organizations and companies

___ receive mailings from mathematics-teacher-education-related organizations and companies

To submit this form in hard copy, please print and mail it to:

AMTE Conference Registration Gary Martin, AMTE Treasurer Department of Curriculum and Teaching Auburn University 5040 Haley Center Auburn, AL 36849 334-844-6878 334-844-0124 (fax) martiwg@auburn.edu
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If paying by check, please make it payable to AMTE.

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

Type of card (circle one): Visa MasterCard Discover

Name as it appears on the card: _____

Card number: _____ Expiration: _____

Amount to be charged: _____