



Eastern Location: Baltimore Marriott Hunt Valley Inn July 29–August 1, 2008  
**Note: Room reservations must be made directly with the Marriott; call (800) 228-9290.**  
 For more information about the Marriott, visit [www.marriotthuntvalley.com](http://www.marriotthuntvalley.com).

Use this form to register for the Academy, join NCSM, renew a membership, and/or update member information. Complete this form and return with credit card information or a check (U.S. funds). The information you provide will be used by the NCSM office for mailings, contacting you, and printing in our Membership Directory. Check here if you do not want your information to be shared in an NCSM membership directory.

**PLEASE PRINT LEGIBLY OR TYPE.**

Circle One: Mr. Mrs. Ms. Miss Dr. Fr. Sr.

First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Position \_\_\_\_\_ Employer \_\_\_\_\_

This is my complete  Home  Work mailing address:  Update  Renewal  New Member

Address line 1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Address line 2 \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Country \_\_\_\_\_ E-mail \_\_\_\_\_  
 (if NOT United States) (membership confirmation will be sent via e-mail)

**To help us better serve you and foster networking, tell us more about yourself.**

**Please check ALL that apply. I am a leader in mathematics education at the following levels:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> National                                | <input type="checkbox"/> University/College         | <input type="checkbox"/> Publisher              |
| <input type="checkbox"/> Regional (more than one state/province) | <input type="checkbox"/> Senior High School         | <input type="checkbox"/> Author                 |
| <input type="checkbox"/> State/Province                          | <input type="checkbox"/> Junior High/ Middle School | <input type="checkbox"/> Consultant/Independent |
| <input type="checkbox"/> District/County/City                    | <input type="checkbox"/> Elementary School          | <input type="checkbox"/> Student                |
| <input type="checkbox"/> Building (teacher, principal, etc.)     | <input type="checkbox"/> Pre-school                 | <input type="checkbox"/> Retired                |
|  |   | <input type="checkbox"/> Other: _____           |

**Do you make purchasing decisions?**

Yes  No

**Check ALL the areas you serve:**

- |                                   |   |                                       |
|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Rural    | <input type="checkbox"/> Second Language    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Suburban | <input type="checkbox"/> Free/Reduced Lunch |                                       |
| <input type="checkbox"/> Urban    | <input type="checkbox"/> Special Needs      |                                       |

**Are you registering as an individual or as part of a team?**

Individual  Team \_\_\_\_\_  
 Team Name

**TO REGISTER**

Regular registration closes with forms and payments RECEIVED by May 26, 2008. Late registrations will be accepted on a space-available basis through July 2, 2008, but must include an additional \$25 late fee. Registration becomes effective only when payment is received. Registration is limited and is on a first-come, first-served basis. Return this form with payment to NCSM (address and fax below). A confirmation (including a receipt, welcome letter, and any available additional information) will be mailed directly to registrants as soon as their registration is processed.

**CANCELLATION POLICY**

Refunds for cancellation will be remitted on the following schedule. If the request is made:

- by May 26, 2008, \$350 will be refunded;
- from May 26 through July 2, 2008, \$200 will be refunded;
- on July 3, 2008 or later, no refund will be remitted.

**Memberships cannot be canceled, so dues are not refunded.**

**NCSM MEMBER AND CONFERENCE SERVICE OFFICE ADDRESS**

6000 E Evans Ave Ste 3-205 • Denver CO 80222  
 Phone: (303) 758-9611 • Fax: (303) 758-9616  
 E-mail: [ncsmoffice@ncsmonline.org](mailto:ncsmoffice@ncsmonline.org) • NCSM Tax ID #39-1556438

NCSM sometimes provides its mailing list to outside companies. These companies have been approved to send catalogs, publications, announcements, ads, gifts, etc. Please check the box below to be removed from ALL mailing lists. In addition, by checking this box, only your name without contact information will be included in the NCSM Membership Directory.

**Work Experience:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pre-service teacher   | <input type="checkbox"/> 6–10 years on the job  | <input type="checkbox"/> Over 30 years on the job |
| <input type="checkbox"/> First year on the job | <input type="checkbox"/> 11–20 years on the job | <input type="checkbox"/> Retired                  |
| <input type="checkbox"/> 1–5 years on the job  | <input type="checkbox"/> 21–30 years on the job |   |

**Since designations vary over time, check the one you feel best describes you:**

- |  |   |
|--|---|
| <input type="checkbox"/> African American/Black  | <input type="checkbox"/> Hispanic/Latino  |
| <input type="checkbox"/> Asian American          | <input type="checkbox"/> Native American  |
| <input type="checkbox"/> Bi-racial/multi-racial  | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> European American/White | <input type="checkbox"/> Other: _____     |

**Gender:**

Male  Female

**Age:**

- |                                   |                                |                                     |
|-----------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 35–44 | <input type="checkbox"/> 55 or over |
| <input type="checkbox"/> 25–34    | <input type="checkbox"/> 45–54 |                                     |

**REGISTRATION FEES & MEMBERSHIP DUES**

	<b>Advanced</b> (by 5/26/08)	<b>Late</b> (after 5/26/08)
Current Member Registration (Membership expires after 8/31/08)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$475
Non-Member Registration	<input type="checkbox"/> \$535	<input type="checkbox"/> \$560
<b>TOTAL PAYMENT \$ _____</b>		

**METHOD OF PAYMENT**

Return this form with a check or money order (payable to NCSM in U.S. funds) or MasterCard/Visa information. **Purchase orders are not accepted for registration or dues.** Whether mailed or faxed, registrations must be RECEIVED no later than MAY 26, 2008, or the \$25 late fee applies.

Check/M.O.  MasterCard  Visa

Credit Card # \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Cardholder Signature \_\_\_\_\_