



# SOUTHERN REGIONAL CONFERENCE

## Individual Preregistration Form

Biloxi, Mississippi • October 3-5, 2002

Preregistration deadline  
is September 6, 2002

NCTM Member # \_\_\_\_\_ BI02W

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Is this a new address?

Mailing Address \_\_\_\_\_  Home  Institution (see below)

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP+4/PC \_\_\_\_\_

Institution Name \_\_\_\_\_ E-mail \_\_\_\_\_  
(Please include for confirmation purposes.)

Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

**PLEASE INDICATE YOUR PROFESSIONAL LEVEL TO BE PRINTED ON YOUR BADGE:**

- Grades PK-2  Grades 3-5  Grades 6-8  Grades 9-12  Grades K-12  Supervisor  College  Retired

**NONMEMBER RATES:**

- **Full Conference** .....  \$163  
Includes 1-year individual membership. Choose one school journal from the list below:  
 *Teaching Children Mathematics* (Pre-K-6)  
 *Mathematics Teaching in the Middle School* (5-9)  
 *Mathematics Teacher* (8-14)  
For mailings outside the U.S., add \$18 for your journal selection.
- **Nonmember Full Conference—If you do NOT wish to receive membership and a journal, please check here.** .....  \$163
- **Nonmember One-Day**  Thu  Fri .....  \$94
- **Student Nonmember** .....  \$48 (fulltime; ID required)

\* Student nonmember, one-day nonmember, and guest registration fees do **not** include an NCTM individual membership.

**ON-SITE REGISTRATION:** If your preregistration form and payment are not received by September 6, 2002, you will need to register in Biloxi at the on-site rate. See pricing table on page 14 for on-site fees.

◀ **Currently a member and wish to renew? OR would you like multiple journals, or JRME? See facing page for more information.**

**SPECIAL INTEREST**

All StenniSphere Tour tickets are nonrefundable

StenniSphere Tour — Friday, October 4 • Number of Tickets \_\_\_\_\_ @ \$20 each = \_\_\_\_\_

**WAYS TO REGISTER**

**Online**  
www.nctm.org



**Telephone**  
(800) 235-7566



**Fax**  
(703) 476-2970



**Mail**  
NCTM  
Drawer A  
1906 Association Drive  
Reston, VA 20191-1502



**ADA REQUEST**

Contact NCTM with any special needs requests as defined by ADA at (703) 620-9840, ext. 2173; fax (703) 295-0956; or email at [ada@nctm.org](mailto:ada@nctm.org) by **August 23, 2002**.

**METHOD OF PAYMENT**

Return this form with a check made payable to NCTM or credit card information to NCTM, Drawer A, 1906 Association Drive, Reston, VA 20191-1502. Canadians must submit payment by either a check in U.S. \$ if drawn on a U.S. account or in Canadian \$ if drawn on a Canadian account, money order in U.S. funds, or credit card. If paying by credit card, billing will be subject to the CAN\$/U.S.\$ exchange rate.

**Approved purchase orders are accepted; a hard copy of the purchase order must be sent with registration forms.**

- Check (made payable to NCTM)  MasterCard  
 American Express  Money Order  
 Visa  Official P.O.

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (required for credit card payments) \_\_\_\_\_

**AMOUNT OF PAYMENT**

Registration Fees	\$ _____
StenniSphere Tour	\$ _____
Postage (outside U.S.)	\$ _____
<b>TOTAL AMOUNT</b>	<b>\$ _____</b>

**Cancellations:** NCTM will refund fifty percent (50%) of the registration fee on cancellations received, in writing, prior to the conference, after we receive your registration badge. Cancellations received after October 2 will not be eligible for refunds. See page 15 for all cancellation policies.

**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.



# Southern Regional Conference Group Discount Preregistration Form (for 5 or more attendees)

Biloxi, Mississippi • October 3–5, 2002

Preregistration deadline  
is September 6, 2002

The 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. If a purchase order is being issued, a copy must be sent with the preregistration form for processing and to ensure accuracy. Each member of the group will pay the group discount rate of \$116. **No refunds will be processed for group participants who are eligible for a lower rate, but register with the group.** Group registrations will not be accepted after the preregistration deadline of September 6 and are not available on-site. Call (800) 235-7566, ext. 2184, if you have any questions. NCTM's fax number is (703) 476-2970.

BI02W

Contact Name _____ Phone (    ) _____ Fax (    ) _____ E-mail _____	Shipping address for registration materials: _____ _____ _____ _____
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**PLEASE PRINT LEGIBLY**

Professional Level*	Individual's Name	<i>StenniSphere Tour</i>
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, College, or Supervisor

**StenniSphere Tour** .....\$20  
 All StenniSphere Tour tickets are nonrefundable.

Total Registration Count	_____ x \$116	= \$ _____	
Total StenniSphere Tour Count	_____ x \$20	= \$ _____	
TOTAL AMOUNT in U.S. \$		\$ _____	



National Council of  
 Teachers of Mathematics  
 1906 Association Drive  
 Reston, VA 20191-1502  
 (800) 235-7566  
 fax (703) 476-2970  
 www.nctm.org

**Methods of Payment:** See page 15 for a complete listing of payment options.

**ADA Requests:** Contact the NCTM with any special needs requests as defined by ADA at (703) 620-9840, ext. 2173; fax (703) 295-0956; or e-mail [ada@nctm.org](mailto:ada@nctm.org) by August 23, 2002.

**Cancellations:** See page 15 for cancellation policies.  
 NCTM cannot "hold" a registration. Please list each individual name.

Additional forms attached

# Individual Membership Application

Join online at  
[www.nctm.org/membership](http://www.nctm.org/membership)  
 or Call Toll Free (800) 235-7566

## A MEMBERSHIP DUES

Individual membership includes a subscription to one of the NCTM journals. Please note the membership dues cost difference if the selected journal is the *Journal for Research in Mathematics Education*. Choose one option below.

\$68 (includes one school journal)

- Teaching Children Mathematics* (Pre-K–6)
- Mathematics Teaching in the Middle School* (5–9)
- Mathematics Teacher* (8–14)

- or -

\$90 (includes the following research journal)

- Journal for Research in Mathematics Education*

## B ADDITIONAL JOURNALS

All NCTM journals are available to individual members at the prices listed below. To select subscriptions to different titles, please check the box and total applicable costs.

- \$28 *Teaching Children Mathematics* (Pre-K–6)
- \$28 *Mathematics Teaching in the Middle School* (5–9)
- \$28 *Mathematics Teacher* (8–14)
- \$50 *Journal for Research in Mathematics Education*

\$ \_\_\_\_\_ Total for additional journals

## C FOREIGN POSTAGE

For mailings outside the U.S., add \$18 for the first journal subscription and \$4 for each additional journal subscription per year.

## D MATHEMATICS EDUCATION TRUST (MET)

The Mathematics Education Trust (MET) was established by NCTM to fund special projects that enhance the teaching and learning of mathematics. Support the development of mathematics education—your tax-deductible contribution may be included below.

### PERSONAL DATA/INFORMATION (PLEASE PRINT)

BI02W

Name \_\_\_\_\_

Address \_\_\_\_\_  Home  Institution (see below)

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP+4/PC \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Institution \_\_\_\_\_ E-mail \_\_\_\_\_

### PAYMENT SUMMARY

Membership dues (A) ..... \$ \_\_\_\_\_

Additional journals (B) ..... \$ \_\_\_\_\_

Foreign postage (C, if applicable) ..... \$ \_\_\_\_\_

Subtotal ..... \$ \_\_\_\_\_

For a 2-year membership, multiply subtotal by 2 ..... \$ \_\_\_\_\_

For a 3-year membership, multiply subtotal by 3 ..... \$ \_\_\_\_\_

MET Contributions (D) ..... \$ \_\_\_\_\_

**Total Payment to NCTM in U.S. dollars** ..... \$ \_\_\_\_\_

**If paying in Canadian dollars, calculate conversion to Canadian dollars from figure above\*** ..... \$ \_\_\_\_\_

**\*Special Offer for Canadians.** Please Note: All transactions made on this form, including contributions, can be paid with a check drawn in Canadian dollars at an exchange rate of CAN \$1.25 per U.S. \$1.00. This special rate is applicable to membership forms only. If paid by credit card or purchase order, billing will be at the applicable CAN \$/U.S. \$ exchange rate charged by the credit card agency/bank; therefore this special low rate may not apply. Canadian checks that have handwritten U.S. stipulated on the dollar figure amount will no longer be accepted.

### METHOD OF PAYMENT

- Check  Money Order  American Express  MasterCard  Visa  Official P.O.

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature (required for credit card payments) \_\_\_\_\_

- Check here to remove your name from rental lists (companies renting lists must obtain approval from NCTM before using lists).



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 Reston, VA 20191-1502  
 (800) 235-7566  
 fax (703) 476-2970  
[www.nctm.org](http://www.nctm.org)

# National Council of Teachers of Mathematics Southern Regional Hotel Request Form

October 3–5, 2002 • Biloxi, Mississippi • **Deadline September 12, 2002**

## Contact the Travel Desk

- **E-mail:** [math@ttgonline.com](mailto:math@ttgonline.com)  
(When e-mailing, please include all information requested on this form.)
- **Telephone:** (800) 765-1726
- **International:** (312) 527-7300

- **Mail:** NCTM Travel Desk,  
Travel Technology Group  
110 West Hubbard Street  
Chicago, IL 60610
- **Fax:** (312) 329-9513

## HOTELS

Hotel room rates are subject to applicable tax, which is currently 10% per room, per night, and is subject to change without notice. Number hotels in order of preference. Check the preferred accomodation and rate below:

	Single (1 person/1 bed)	Double (2 persons/1 bed)	Triple (3 persons/2 beds)	Quad (4 persons/2 beds)
___ Holiday Inn Biloxi	<input type="checkbox"/> \$84	<input type="checkbox"/> \$84	<input type="checkbox"/> \$84	<input type="checkbox"/> \$84
___ Beau Rivage	<input type="checkbox"/> \$99	<input type="checkbox"/> \$99	<input type="checkbox"/> \$119	<input type="checkbox"/> \$139

## ROOM INFORMATION

List names of all persons to occupy room. (Please print)  
Please note that this is for one room only. If you need additional rooms, please submit a photocopy.

1 \_\_\_\_\_ Arrival \_\_\_\_\_ Departure \_\_\_\_\_  
 2 \_\_\_\_\_ Arrival \_\_\_\_\_ Departure \_\_\_\_\_  
 3 \_\_\_\_\_ Arrival \_\_\_\_\_ Departure \_\_\_\_\_  
 4 \_\_\_\_\_ Arrival \_\_\_\_\_ Departure \_\_\_\_\_

(Information on suites and blocks of sleeping rooms is available from Travel Technology Group, Inc. Please call TTG for details.)

- Smoking     Nonsmoking    *Because there are a large number of nonsmokers in this group, it is not possible to guarantee that each hotel will be able to accommodate every request for a nonsmoking room.*



- I am in need of an ADA accessible room. I may need special assistance from the hotel in the event of an emergency.  
Comments: \_\_\_\_\_

## PAYMENT INFORMATION

**Hotel:** All hotel rooms must have a deposit guarantee in the amount of the first and last night's room and tax. **No reservations will be taken without a guarantee.** You must guarantee your room with a major credit card or a check (up until August 29th) made payable to Travel Technology Group. Purchase orders will not be accepted. **If you do not show up on the first night of your reservation, your deposit will be forfeited and your reservation canceled. Please check your confirmation for each hotel's individual cancellation policy.**

- Check enclosed for \$** \_\_\_\_\_ **as a deposit for the first and last night's lodging (including tax).** Make all checks payable to TRAVEL TECHNOLOGY GROUP. Checks will only be accepted for deposits until August 29, 2002. After August 29, a credit card must be used to guarantee a room.

### CREDIT CARD INFORMATION:

### MAIL CONFIRMATION TO (please print)

Credit Card Type \_\_\_\_\_ Name \_\_\_\_\_ Affiliation \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Address \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP + 4/PC \_\_\_\_\_  
 Name \_\_\_\_\_ Tel (include area code) (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ E-mail \_\_\_\_\_

**Contact the Travel Desk today**  
at [math@ttgonline.com](mailto:math@ttgonline.com) to make your reservation!

7:00 a.m.–7:00 p.m. CST Monday–Friday  
Phone (800) 765-1726  
International (312) 527-7300  
24-hour fax (312) 329-9513