

# American Mathematical Association of Two-Year Colleges

## 32<sup>nd</sup> Annual Conference • Register online at [www.amatyc.org](http://www.amatyc.org)

Form, accompanied by payment, must be **POSTMARKED** by September 30, 2006, for discount registration rate.

Is this your first AMATYC conference?  Yes  No  
 If first conference, you are encouraged to attend "AMATYC 101—Enhancing Your First Conference Experience." (See page 20 for details.)

Name \_\_\_\_\_  
 Please type or print legibly.

Member ID# \_\_\_\_\_  
 See membership card or mailing label (if member).

\*\*If registering using the **Institutional Membership**, do not use this form. A special form has been mailed to the contact person. Call the AMATYC Office at 901.333.4643 if you have any questions.

Preferred mailing address is:  College  Home

College \_\_\_\_\_

College Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

College Telephone(\_\_\_\_\_) \_\_\_\_\_

Residence Telephone(\_\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_

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

- Check here if you wish your name to be excluded from the AMATYC Directory.
- Check here if you wish your name to be excluded from any non-AMATYC mailing lists.

ADA Accommodations: See facing page or page 20 for instructions.

Guest Registration (See facing page or page 19 for eligibility.)

(Please type or print **guest's** name as it should appear on name badge.)

Symposium (Y1)—Friday, 11:45 am – 1:45 pm

- I wish to attend (this does not count toward my workshop limit, but attendance is limited).

Saturday Breakfast Choices (choices are available until 9/30/06)

- Non-vegetarian  Vegetarian

Single-Day Registration (Select one box only.)

- Thursday  Friday  Weekend (Saturday/Sunday)

### Workshops

Indicate below in order of preference the identifying numbers (for example, W8) from this program for each workshop you wish to attend. Be sure to list alternatives. **Workshops are limited to two per registrant.**

First Workshop:

Preference Alternate

#

#

Second Workshop:

Preference Alternate

#

#

### AMATYC Member

Discount Registration	\$315	\$ _____
Regular (after 9/30/06)	\$355	\$ _____
Single Day, Discount	\$120	\$ _____
Single Day, Regular	\$140	\$ _____

### AMATYC Non-Member

(Registration **does not** include a one-year membership)

Discount Registration	\$415	\$ _____
Regular (after 9/30/06)	\$455	\$ _____
Single Day, Discount	\$145	\$ _____
Single Day, Regular	\$165	\$ _____

### AMATYC Membership Dues

Active

\$75–1 year  \$145–2 years  \$210–3 years \$ \_\_\_\_\_

Adjunct \$ 37.50 \$ \_\_\_\_\_

Retired \$ 37.50 \$ \_\_\_\_\_

Student (Sponsor: \_\_\_\_\_) \$ 10 \$ \_\_\_\_\_

(Your expiration date will be extended as selected above beyond current expiration date.)

### AMATYC Foundation

Magic Show \_\_\_\_\_tkts. @ \$35/ea. \$ \_\_\_\_\_

Please consider a donation \$ \_\_\_\_\_

### Guest Tickets

*Registrant for full conference receives one ticket for each function. Tickets may be purchased for guests and single-day registrants.*

Friday, Nov. 3 Continental Breakfast  
 \_\_\_\_\_guest tkts. @ \$20/ea. \$ \_\_\_\_\_

Saturday, Nov. 4 Awards Breakfast  
 \_\_\_\_\_guest tkts. @ \$25/ea. \$ \_\_\_\_\_

Breakfast:  Non-vegetarian  Vegetarian  
 (choices are available until 9/30/06)

**TOTAL** \$ \_\_\_\_\_

\*AMATYC Tax ID #11-2531258\*

**Type of Payment:** (Payment must accompany purchase order.)

Make check payable to **AMATYC** (in U.S. funds only) and mail check or money order and registration form together to: AMATYC Office, 5983 Macon Cove, Memphis, TN 38134 or forms may be faxed to 901.333.4651 if using credit card for payment.

Check # \_\_\_\_\_  Visa  Mastercard  Discover  
 \*AMATYC does not accept American Express.\*

Check or Credit Card Payment:  College/Business  Personal

Credit Card # \_\_\_\_\_  
 Please print credit card # clearly.

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name on card \_\_\_\_\_

**The billing address for this credit card is the same as:**

College/Business  Residence

**If billing address is different from above, provide the following information:**

Address \_\_\_\_\_

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

**Registration is NOT complete until payment is received. Check and registration form(s) must accompany purchase order.**