

American Mathematical Association of Two-Year Colleges

33rd Annual Conference • Register online at www.amatyc.org

Form, accompanied by payment, must be **POSTMARKED** by September 30, 2007, 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 21 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 email or mailing address lists.

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

Guest Registration (See facing page or page 20 for eligibility.)

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

Saturday Breakfast Choices (choices are available until 9/30/07)

- Non-vegetarian Vegetarian

Single-Day Registration (Select one box only.)

- Thursday Friday Weekend (Saturday/Sunday)

Symposium and Workshop

The symposium and workshops no longer require reservations. Entrance to the symposium or a workshop will be monitored by the presider on a first-come, first-served basis. Your official AMATYC conference name badge is required to gain admittance. Once all seats are filled, the workshop will be considered closed and no one else may enter. **AMATYC makes no guarantee that any conference registrant will be admitted into a workshop.**

AMATYC Member

Discount Registration	\$320	\$ _____
Regular (after 9/30/07)	\$360	\$ _____
Single Day, Discount	\$125	\$ _____
Single Day, Regular	\$145	\$ _____

AMATYC Non-Member

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

Discount Registration	\$420	\$ _____
Regular (after 9/30/07)	\$460	\$ _____
Single Day, Discount	\$150	\$ _____
Single Day, Regular	\$170	\$ _____

AMATYC Membership Dues

Active

<input type="checkbox"/> \$75–1 year	<input type="checkbox"/> \$145–2 years	<input type="checkbox"/> \$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.	\$ _____
Calculus: The Musical! _____tkts. @ \$25/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. 2 Continental Breakfast	
_____guest tkts. @ \$30/ea.	\$ _____
Saturday, Nov. 3 Awards Breakfast	
_____guest tkts. @ \$30/ea.	\$ _____
Breakfast: <input type="checkbox"/> Non-vegetarian <input type="checkbox"/> Vegetarian	
<small>(choices are available until 9/30/07)</small>	

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.