

American Mathematical Association of Two-Year Colleges 34th Annual Conference • Register online at www.amatyc.org

➤➤ New Discount Registration Information ◀◀

To qualify for the discount rate, registration form with payment must be postmarked, if submitted via mail, on or before September 30, 2008. If submitted via the web or faxed, the completed registration form must be received on or before October 7, 2008.

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 mailing 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 10/7/08)

- Non-vegetarian Vegetarian

Single-Day Registration (Select one box only.)

- Thursday Friday Weekend (Saturday/Sunday)

Workshops

Workshops no longer require reservations. Entrance to 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. **Personal items may not be used to "reserve" seats and persons may not "reserve" seats for late arrivals.** AMATYC makes no guarantee that any conference registrant will be admitted into a workshop.

AMATYC Member		
Discount Registration	\$335	\$ _____
Regular Registration*	\$375	\$ _____
Single Day, Discount	\$130	\$ _____
Single Day, Regular	\$150	\$ _____

AMATYC Non-Member		
<small>(Registration does not include a one-year membership)</small>		
Discount Registration	\$435	\$ _____
Regular Registration*	\$475	\$ _____
Single Day, Discount	\$155	\$ _____
Single Day, Regular	\$175	\$ _____

*postmark after 9/30/08, online or fax after 10/7/08

AMATYC Membership Dues			
Active			
<input type="checkbox"/> \$80-1 year	<input type="checkbox"/> \$155-2 years	<input type="checkbox"/> \$225-3 years	\$ _____
Adjunct	\$ 40		\$ _____
Retired	\$ 40		\$ _____
Student (Sponsor: _____)	\$ 10		\$ _____
<small>(Your expiration date will be extended as selected above beyond current expiration date.)</small>			

AMATYC Foundation		
Magic Show _____tkts. @ \$35/ea.		\$ _____
Please consider a donation		\$ _____

Guest Tickets		
<small>Registrant for full conference receives one ticket for each function. Tickets may be purchased for guests and single-day registrants.</small>		
Friday, Nov. 21 Continental Breakfast		
_____guest tkts. @ \$33/ea.		\$ _____
Saturday, Nov. 22 Awards Breakfast		
_____guest tkts. @ \$33/ea.		\$ _____
Breakfast: <input type="checkbox"/> Non-vegetarian <input type="checkbox"/> Vegetarian		
<small>(choices are available until 10/7/08)</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 _____ CV Code _____
Number is found on back of the card.

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 _____