

# LHMA Mini-Conference Registration & Membership Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

School District & Building or University Enrolled \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ It is a \_\_\_ cell \_\_\_ work \_\_\_ home

Preferred Mailing Address \_\_\_\_\_

Are you a current member of PA Council of Teachers of Mathematics? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you are current member of National Council of Teachers of Mathematics? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Teaching/Professional Responsibilities: (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pre-K/Early Child            | <input type="checkbox"/> Special Education     | <input type="checkbox"/> Pre-Algebra         |
| <input type="checkbox"/> Primary (grades _____)       | <input type="checkbox"/> Alternative Education | <input type="checkbox"/> Algebra             |
| <input type="checkbox"/> Intermediate (grades _____)  | <input type="checkbox"/> Administration        | <input type="checkbox"/> Geometry            |
| <input type="checkbox"/> Middle (grades _____)        | <input type="checkbox"/> Math Coach            | <input type="checkbox"/> Trigonometry        |
| <input type="checkbox"/> High School (grades _____)   | <input type="checkbox"/> Remediation/Tutoring  | <input type="checkbox"/> Statistics          |
| <input type="checkbox"/> College/University Professor | <input type="checkbox"/> Curriculum Director   | <input type="checkbox"/> Calculus            |
| <input type="checkbox"/> Pre-Service Teacher          | <input type="checkbox"/> Substitute Teacher    | <input type="checkbox"/> Integrated/Consumer |

## Conference Registration and Membership Fees:

\_\_\_\_\_ \$25 **Professional Rate:** Mini-conference Registration (includes all materials and brunch buffet) and Membership (good through August 2017)

\_\_\_\_\_ \$15 **Pre-Service Teacher Rate:** Mini-conference Registration (includes all materials and brunch buffet) and Membership (good through August 2017)

If you cannot attend the mini-conference this March, but would like to initiate or renew your LHMA membership you may do so here:

\_\_\_\_\_ \$5 **Membership Only** (good through August 2017)

With my LHMA membership, I am interested in serving on following LHMA committees:

Membership  Nominations/Elections  Conference Planning  Try-Math-a-Lot

**Check made payable to LHMA and must be postmarked by March 9, 2016.** (There is no on-site registration.)

**Please send registration form and payment to:** Ms. Rebecca Weible  
113 Seneca Street  
Johnstown, PA 15904

**For Conference Attendees:** Please refer to conference program and indicate your preference for a Session.

\_\_\_\_\_ Session A (Open Number Lines) \_\_\_\_\_ Session C (Sparkle . . .Flipping Queen)

\_\_\_\_\_ Session B (Population Education) \_\_\_\_\_ Session D (Cooperative Learning )

Please list any special needs we can assist with during the Mini-conference: