

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:

_____ \$20 **Professional Rate:** Mini-conference Registration (includes all materials and brunch buffet) and Membership (good through August 2016)

_____ \$15 **Pre-Service Teacher Rate:** Mini-conference Registration (includes all materials and brunch buffet) and Membership (good through August 2016)

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 2016)

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 11, 2015**. (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 (Subitizing) _____ Session C (Integrating. . .Rich Problems)

_____ Session B (Teaching Fractions) _____ Session D (MDC Roundtable)

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