

68th ICTM Annual Conference – October 18-19, 2019

Registration Form

NOTE: Online registration at www.ictm.org is preferred. [On-line registration can accommodate credit cards and checks. For check payment, print an invoice at the end of online registration, and mail the invoice with your check as payment.]

Name _____

Please include both home and work addresses.

Home Address:

Work Address:

City: _____ Zip: _____

City: _____ Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Preferred Email Address: ☐ Home ☐ School **Circle Educator Role:** Teacher Coach Admin. Other

Circle Teaching Level(s): Elem. JHS/Middle High School College/University

Annual Conference (BOTH Friday October 18th {including lunch} and Saturday October 19th)

Early Bird Registration (deadline: October 1st)

- ☐ ICTM Member (\$150.00)
- ☐ Non-Member (\$225.00)
- ☐ 1 yr. Membership + Conference (\$185.00)
- ☐ Student (\$ 40.00)
- ☐ Guest (\$ 40.00)

Late Registration (after October 1st)

- ☐ ICTM Member (\$200.00)
- ☐ Non-Member (\$275.00)
- ☐ 1 yr. Membership + Conference (\$230.00)
- ☐ Student (\$ 40.00)
- ☐ Guest (\$ 40.00)

Single Day Conference Attendance Friday, Oct. 18th {including lunch} or Saturday, Oct 19th

Friday ONLY Registration

- ☐ ICTM Member (\$125.00)
- ☐ Non-Member (\$160.00)
- ☐ Student (\$ 20.00)
- ☐ Guest (\$ 40.00)

Saturday ONLY

- ☐ ICTM Member (\$110.00)
- ☐ Non-Member (\$150.00)
- ☐ Student (\$ 20.00)
- ☐ Guest (\$ 40.00)

Payment	<input type="radio"/> Check payable to: ICTM
TOTAL	<input type="radio"/> Master Card <input type="radio"/> Visa <input type="radio"/> Discover
FEES:	Card number _____ Exp. Date _____ CVV#: _____
\$ _____	Name on Card _____ Signature _____
MAIL registration form and payment to: ICTM Conference Registration, 423 E. Chicago Ave. Naperville, IL 60540, or, register online at www.ICTM.org	

Special Rates: Groups of 5 or more (ICTM or ISTA): Contact Robert Wolffe (rjwolffe@bradley.edu)

Special Rates: Administrators w/ teachers from their district: Contact Cathy Kaduk (registration@ictm.org)

*IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ Phone: _____ Relationship: _____

Lunch on Friday

YES NO I will be attending the Conference on Friday and I would like a specific Lunch Option as is available:

Circle as appropriate: Vegan Vegetarian Gluten-Free Nut-free Other: _____