



Wisconsin Mathematics Council
42nd Annual Conference — May 6-7, 2010 — Pre-conference — May 5, 2010
 Green Lake Conference Center, Green Lake, WI
REGISTRATION FORM

MAILING ADDRESS

Name* _____

Preferred Mailing Address* _____
 Please specify mailing address is: work home

City, State, Zip* _____

Work Phone* _____ Home Phone* _____

Fax _____ Email* _____

School* _____ Grade Band _____ CESA#* _____

School District* _____ County _____

BILLING ADDRESS (if different from mailing address)

Name _____

School District _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Conference Registration (check all that apply) Lunches and Annual Banquet are included in your registration fee. Lodging and extra meals at the GLCC require separate payment directly to the Green Lake Conference Center.

	I Will Attend:	Members	Non-Members	Undergrad Student Members	Undergrad Student Non-Members
1-day	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs <input type="checkbox"/> Fri.	\$125	\$165	\$10	\$25
2-days	<input type="checkbox"/> Wed/Thurs <input type="checkbox"/> Thurs/Fri	\$195	\$235	\$20	\$35
3-days	<input type="checkbox"/> Wed/Thurs/Fri	\$265	\$305	\$30	\$45

Thursday Banquet
 Attending
 Attending—Vegetarian
 Bringing guest (\$20)
 Guest name _____
 Not attending

- Thursday First Timers Orientation
 Friday First Timers Orientation

Only current WMC members receive member pricing. Not a member? Join now and get the discount!

Cancellation Policy

Cancellations, in writing, made on or before April 28, 2010 will incur a \$25 processing fee. No refunds will be issued after April 28, 2010 or if the fee paid is less than \$25.

Conference Fee Subtotal \$ _____

WMC Membership

Membership

- New membership or renewal (\$35/yr.)
- 3-year membership (\$100)
- Student/retired membership (\$10/yr.)

Newsletter

You will receive your WMC Newsletter via email unless you check here.

Newsletter mailed

Membership Fee Subtotal \$ _____

Grade Band/Interests (check all that apply)

- Elementary Title I
 Middle/Jr. High High School
 Administration College/University
 WCTS _____

I would like to get more involved with:

- Ambassador Program
 WMC Committee

Registration/Membership Fee Totals

\$ _____ Conference Fee Subtotal

\$ _____ Membership Fee Subtotal

(less \$25) Early Bird Discount if registered on or before April 1, 2010.
 Does not apply to students

\$ _____ **Total Amount Due**

Method of Payment*

Do you require an invoice to be sent to you/your billing address?* yes no

Check enclosed (check # _____) Please make checks payable to WMC.

PO # _____

MasterCard VISA Exp. Date _____ 3 digit CV Code: _____ (on back of card)

Account # _____

Cardholder Name _____

*Required fields

Register online at www.wismath.org

Mail or fax registration form — with check, PO or credit card information to:

Wisconsin Mathematics Council
 W175 N11117 Stonewood Dr., Suite 204
 Germantown, WI 53022
 Fax — 262-532-2430