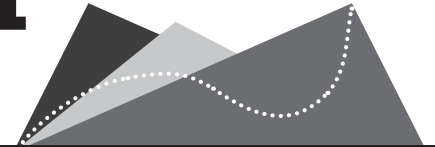




# Middle Grades **SUMMIT**

Hawai'i | February 2-3, 2018

ALL ATTENDEES



In cooperation with the Hawai'i Department of Education and supported by the Hawai'i Community Foundation

One form per registrant. Form may be duplicated. Please type or print clearly and keep a copy for your records.

## 1 Registrant Information \*REQUIRED

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Email \_\_\_\_\_

Twitter @ \_\_\_\_\_

AMLE Membership # \_\_\_\_\_

\*School/Organization \_\_\_\_\_

\*Address \_\_\_\_\_

home  work (Use work address if purchasing an institutional membership.)

\*City \_\_\_\_\_ \*State/Province \_\_\_\_\_

\*Zip/Postal Code \_\_\_\_\_ Country (if not U.S.) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

\*Phone (\_\_\_\_\_) \_\_\_\_\_

home  cell

By registering for AMLE Middle Grades Summit, you grant permission for your voice and image to be used in digital form, in print, and by other means by the Association for Middle Level Education (AMLE) and you waive any rights of compensation or ownership thereto.

Please complete this important information:

**Professional Position:** (choose one)

- Principal  Asst. Principal  Teacher  Library/Media Specialist
- Central Office  Curriculum  Guidance/Advisory  State Dept of Education
- Technology  University Professor  Superintendent/Asst. Superintendent

Other \_\_\_\_\_

Grade(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

**How did you hear about the summit?** \_\_\_\_\_

Check here if you don't want your postal address shared with our summit partners

Dietary Restrictions? \_\_\_\_\_

Check here if you have any special needs or a disability that requires special assistance.

Need: \_\_\_\_\_

## 2 Registration

Hawaii Resident \$199

Non-Hawaii Resident Member \$299

Non-Hawaii Resident Non-Member & Associate Member\* \$374

Teams **Team Special! Contact Chuck Pletcher  
cpletcher@amle.org or 800-528-6672**

\* Includes an AMLE membership (does not include print copies of our magazines).

**ANY QUESTIONS?:** Contact Chuck Pletcher (cpletcher@amle.org)

**A Total Registration Fees \$**

## 3 AMLE Membership Not an AMLE member?

Join now and save instantly on your registration! If joining, be sure to select AMLE member rate.

**Individual**

**School**

Professional . . . . . \$49.99  School Membership . . . . . \$199.99

Student Membership. . . \$24.99 (Covers entire building. Contact AMLE about adding all your staff members.)

**B Total AMLE Membership \$**

## 4 Payment Complete payment must be received with registration form.

**Total Payment A + B = \$**

Check—Payable to AMLE in U.S. funds. (\$25 fee for returned checks)

Purchase Order enclosed. PO# \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_

Exp. Date (MMYY) \_\_\_\_\_ CSV# \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Review registration, cancellation, and substitution policies online at [amle.org/hawaii](http://amle.org/hawaii)  
Individual registration cancellations must be made in writing by January 19, 2018. A \$75 processing fee will be assessed with cancellation. No cancellations accepted for any one registered as a team or large group. Substitutions suggested.