



#AMLE19

ATTENDEE

Annual Conference for Middle Level Education Nashville, TN • November 7–9, 2019

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 _____

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.) _____

*Phone (_____) _____

home cell work

Fax (_____) _____

By registering for #AMLE19, 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

Years Taught _____ Grade(s) _____ Subject(s) _____

Check here if this is your first AMLE Annual Conference.

How did you hear about the conference? _____

Check here if you are interested in facilitating a session. A representative will contact you with details. Visit www.amle.org/annual/facilitator for more information

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

Dietary Restrictions? _____

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

Need: _____

2 AMLE Membership Not an AMLE member?

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

Individual

Professional \$49.99

School

School Membership \$249.99

(Covers entire building. Contact AMLE about adding all your staff members.)

A Total AMLE Membership \$ _____

3 Registration

3-Day Rate

AMLE Member

Non-Member & AMLE Associate Member*

Teams**

Groups (20+)**

1-Day Rate

AMLE Member

(must be/become professional or school member)

(Please select the day) Thursday Friday Saturday

Thru Oct 18

After Oct 18

\$549 \$649

\$649 \$749

Every 5th person is FREE!

Every 4th person is FREE!

Thru Oct 18 After Oct 18

\$349 \$449

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

**Teams: Free registrations are at equal or lesser value. Registration forms and complete payment must be submitted together.

ANY QUESTIONS?: Contact membercenter@amle.org

B Total Registration Fees \$ _____

4 Promo Code

C Discount Amount \$ _____

Promo codes only valid at time of registration.

5 Payment Complete payment must be received with registration form.

Total Payment A + B - C = \$ _____

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 www.amle.org/annual/registration
Individual registration cancellations must be made in writing by **October 25, 2019**. A \$100 processing fee will be assessed.
Ticketed options are non-refundable unless entire registration is cancelled. No cancellations accepted for any one registered as a team or large group. Substitutions suggested.