



Discipline Reimagined Attendee Registration Form

Please type or print clearly and keep a copy for your records.

1 Registrant Information *REQUIRED

*First Name _____ *Last Name _____

*Email _____

Title _____

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, 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.

Do you have special needs or a disability that require assistance?

Need: _____

Do you have any special dietary restrictions or requirements?

Need: _____

2 AMLE Membership

Join AMLE to save instantly on your registration. If joining, select the member Registratoin rate.

Individual	School
Professional \$49.99	School Membership* \$249.99
Student	
Student \$14.99	

*Covers entire building. AMLE will contact you to add your staff members. Memberships do not include print subscription to Middle School Journal. To add a subscription contact membercenter@amle.org.

A: Total AMLE Membership

3 Registration

	Before June 10	After June 10
AMLE Member	\$575.00	\$575.00
Non-Member	\$575.00	\$725.00
Team	Every 5th attendee free	
Group	Every 4th attendee free	

ANY QUESTIONS?: Contact membercenter@amle.org. If registering as a Team or Group include a list of your team/group member names, email addresses, and titles with this form. Team or Group individuals register at the AMLE member rate if they are included in a School Membership.

B: Total Registration Fees \$

4 Promo Code

PROMO CODE:

C: Discount Amount \$

Promo codes only valid at time of registration.

5 Payment Complete payment must be received with registration.

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 _____

Please review the cancellation and substitution policy at amle.org/discipline.