

2018 SDCTM/SDSTA JOINT CONFERENCE

Conference information and program booklets will be available online at www.sdctm.org and www.sdsta.org

ADVANCE REGISTRATION

Crossroads Events Center, Huron South Dakota
February 8-10, 2018 1-800-876-5858

Download this form. Please print clearly. Postmark by January 20, 2018. After this date, please register on-site.

Name _____
Permanent Address _____
City _____ State _____ Zip _____
School/District _____ E-mail _____
Home phone _____ School Phone _____

Please check the appropriate categories for membership, conference registration, and payment.

1. SDCTM/SDSTA MEMBERSHIP(s) and DUES

Please check the appropriate categories. You may join one, both, or neither organization.

Begin/renew SDCTM (math) for one year	Begin/renew SDSTA (science) for one year
_____ Elementary \$5	_____ Elementary \$5
_____ Middle School \$20	_____ Middle School \$20
_____ High School \$20	_____ High School \$20
_____ Post-Secondary \$20	_____ Post-Secondary \$20
_____ Student \$5	_____ Student \$5
_____ Retired \$5	_____ Retired \$5
_____ Other \$20	_____ Other \$20

NOTE: First year teachers are eligible for a scholarship providing a free registration. See www.sdctm.org for details.

2. CONFERENCE ADVANCE REGISTRATION

On-site (late) registration will be available: additional \$25 cost.

Please check the appropriate categories. Noon luncheon is included for each day that you register.

NOTE: The Friday night banquet is NOT included. Banquet tickets may be purchased for \$25 each.

I will attend the conference on (check one): _____ Friday _____ Saturday _____ Both days

SDCTM or SDSTA Member	Non-Member	Student Member
_____ One day \$50	_____ One day \$100	_____ One day \$15
_____ Two days \$75	_____ Two days \$125	_____ Two days \$25

College credit will be available; information/registration will be available at the conference registration table.

3. PAYMENT: By Check Only

Make checks payable to SDCTM.

SDCTM does **NOT** accept purchase orders.

To use credit card, you **must** register and pay **ONLINE**:

Membership(s) total \$ _____
Registration \$ _____
Friday Night Banquet (\$25 each) \$ _____
On-site Late Registration Fee (+\$25) \$ _____

TOTAL ENCLOSED \$ _____

Requests for refunds must be received by January 20, 2018

4. SEND THIS FORM WITH PAYMENT

Steve Caron
907 South 16th Street School phone (605) 725-8208
Aberdeen, SD 57401 Home phone (605) 226-2292

Email questions to: steve.caron@k12.sd.us

Advance registration must be postmarked by **January 20, 2018.**
After this date, please register on-site (Additional \$25 fee).

Please check here if you have also submitted a speaker proposal form for the 2018 Conference.