

Tackling Teaming

Online Course

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 this Taming the Team Online Course, 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) _____

How did you hear about this event? _____

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

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

A Total Membership \$ _____

3 Registration

Individual

Member ~~-\$39.99~~ \$29.99 (U.S.)

Non-Member ~~-\$49.99~~ \$39.99 (U.S.)

Team (covers your entire building)

AMLE School Member ~~-\$149.99~~ \$124.99 (U.S.)

Non-Member ~~-\$249.99~~ \$224.99 (U.S.)

ANY QUESTIONS?: Contact membercenter@amle.org

B Total Registration \$ _____

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 _____

5 ways to register: Web: amle.org/Teaming Email: membercenter@amle.org Fax: 614-895-4750 Phone: 1-800-528-6672

Mail: 2550 Corporate Exchange Dr., Suite 324, Columbus, Ohio 43231