



2025 AMLE/ HIDEOE Middle Level Summit

February 7, 2025
Hawaii Convention Center

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 (_____) _____

Fax (_____) _____

By registering for AMLE/HIDEOE Middle Level 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:

Dietary Restrictions? _____

Any special needs or a disability that requires special assistance?

Need: _____

2 Registration Rate

HI Public School Educator.....\$250.00

Non-HIDEOE Attendees

AMLE Member.....\$300.00

Non-AMLE Member.....\$350.00

Total Payment \$

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/leadership
Individual registration cancellations must be made in writing by registration deadline.
A \$25 processing fee will be assessed. No refunds will be issued after the registration deadline.