

ISMAA Annual Meeting

Early Registration 2019

Name (Last) _____ (First) _____

School or Business Affiliation _____

E-mail _____

Please circle one of the following:

Faculty member at doctoral-granting institution

Faculty member at high school

Graduate Student

Faculty member at masters-granting institution

Undergraduate Student

High School Student

Faculty member at bachelor-granting institution

Business/Government

Faculty member at associates-granting institution

Are you an MAA member? _____

Registration

Regular \$40 _____ Student Presenter/Contestant \$0 _____ Student \$10 _____ Retired \$10 _____

Student (Institutional Sponsor) \$0 _____ Other _____

Banquet \$30 _____

Workshop \$20 _____

Total: _____

Please mail this form along with a check for payment to Pat Kiihne, Illinois College, 1101 West College Avenue, Jacksonville, IL 62650. The form should arrive by March 15.

If you prefer to pay by credit card, please use the EventBrite option as listed on the section website.