ISMAA Annual Meeting Early Registration 2025

Last Name:	First Name:	
School or Business Affiliation	:	
Email Address:		
Please circle one of the follow Faculty member at doctoral-granting institution	ing: Faculty member at high school	Graduate Student
Faculty member at masters-granting institution	Business/Government	Undergraduate Student
Faculty member at bachelors-granting institution	Retired	High School Student
Faculty member at associates-granting institution		
Are you an MAA member? Ye	s No	
Registration Regular (\$40) Student (\$10) Retired (\$10) Student participant, or s	tudent or faculty from institutiona	l sponsor (free)
Additional		
amount to: Dr. Cara ISMAA S Departm Lewis Ur 1 Univer Unit 298	ecretary/Treasurer ent of Engineering, Computing, and niversity sity Parkway	•

Please send any questions to Cara Sulyok (csulyok@lewisu.edu).