



American Association of Physics Teachers

# High School Physics Teacher's Day Registration Form for First Time AAPT Meeting Attendees

Sunday, Jan. 5, 2014 • Orlando, FL • Rosen Plaza Hotel

## Registration fees

Attendee One-Day Registration: \$75 (Includes lunch)

Member Member No.: \_\_\_\_\_  Non-member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone:  Home  Work (\_\_\_\_) \_\_\_\_\_

Fax  Home  Work (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No: \_\_\_\_\_

## Check applicable boxes

- Attending for the first time
- Becoming an AAPT member
- Renewing my membership

Type of school affiliation:

High School

Disabilities/ Special Needs \_\_\_\_\_

## Total Fees

- Check made out to AAPT
- Money Order
- Credit Card
- Purchase Order No. \_\_\_\_\_

Registration Fee (\$75) \$ \_\_\_\_\_

I will attend lunch yes no (Free to participants)

Guest Fee \$73 (Includes registration & lunch) \$ \_\_\_\_\_

Children \$48 (Includes registration & lunch) \$ \_\_\_\_\_

Please print clearly.

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Discover \_\_\_\_ Am. Express

**TOTAL:** \$ \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Sec. Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature: \_\_\_\_\_

By registering for this meeting, I grant AAPT permission to use photographs and videos taken of me in group settings during the meeting in future published materials.

There will be a **\$30** processing fee for all canceled registrations.

Mail form to: AAPT Programs and Conferences, One Physics Ellipse, College Park, MD 20740