

EXHIBITOR REGISTRATION FORM

Iowa Council of Teachers of Mathematics Annual
Valley Southwoods Freshman High School
625 South 35th Street
West Des Moines, IA 50265-2053
Friday, February 20, 2009

Company: _____

Contact Person: _____ Contact Person: _____
(for registration) (at the conference)

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____

E-mail: _____ E-mail: _____

Indicate the number of tables and electrical outlets requested: Please Make Checks Payable to ICTM

(tables will be assigned on a first come, first serve basis, so send your registration and check promptly)

_____ @ \$75.00 per 6' table + _____ @ \$25.00 per outlet = _____
(# of tables) (# of outlets) (total remittance)

Please your preferred set up time:

_____ Thursday 7:00-8:30 P.M. _____ Friday 6:30 – 7:30 A.M.

Please indicate the level(s) of materials to be displayed at your table(s)

___ Elementary ___ Middle School ___ High School ___ College

Would you be willing to donate the following for door prize(s)? _____

(Please indicate whether it is an elementary or secondary prize)

To guarantee that your company's name will be included within the program booklet's list of vendors: **RETURN BY December 31st TO:**

Travis Nuss
ICTM Exhibit Chairman
1002 Sunset Drive
Gowrie, Iowa 50543

School Phone: 515-352-3142
Home Phone: 515-352-3570
School Fax: 515-352-3143
E-Mail: peacocks@wccta.net