

Pay-by-Check Registration Cover Sheet

Submit to AMS via email (preferred), fax, or mail (if including a check).

Email: Registrations@amshq.org Mail: American Montessori Society

Attn: Registrations

Attention: Registrations 116 E 16th Street FL 6

Fax: 212-358-1256 New York, NY 10003-2163 **Phone:** 212-358-1250

From:

of Registrants:

Comments:



The Montessori Event 2019 Registration Form

Each attendee must complete this page								
First Name: Last Name:					AMS ID:			
Email:	ail:				Phone:			
Mailing Address:								
Organization:								
Do you give permission for	conference spo	onsors and exhibit	tors to send you in	formation	n about th	eir	Yes □	No □
products, services, and pro								
Interpretation into Manda interested in this service?*	rin will be availa	ble for select works	shops and requires	registrat	ion. Are y	ou ·	Yes □	No □
interested in the corvice.		Indicate you	ur desired regi	istratio	n type			
	Please	check your individ	dual membership	status	prior to I	registerin	g	
	Early Bird				Regular			
	Registrations received by Dec. 14, 2018				Registrations received by Mar. 1, 2019			
	Full	Saturday &	1-Day Only***		_	ull	Saturday &	1-Day Only***
AMS Adult Learner*	Conference \$455	Sunday Only \$355	\$300			erence 555	Sunday Only \$455	\$400
AMS Member**	\$495	\$395	\$340			595	\$495	\$440
Non-Member		\$495	\$440		·	705	\$605	\$550
*Individuals who have an AMS Adult Learner membership and are enrolled in an AMS-affiliated teacher education program at the time of registration. **Member rates apply to those who have a current individual membership at the time of registration. Contact our membership department to renew at Membership@amshq.org. ***1-day only registration must indicate day preference: Thursday, Friday, or Saturday.								
		Indicate any a	additions to yo	our regi	istratio	n		
Wednesday: Pre-Confe	erence Intensi	ves			-			
□ Eco Lab: A Complete Montessori Elementary Science \$2					☐ African American Monuments Tour			
☐ Facilitating a Shared Understanding of Normalization				\$130	\$70 (Wednesday)			
□ Navigating Gender and Sexuality Diversity			\$130		□ DC at Dusk Tour			
☐ Create an Enrollment Management Assessment Plan			\$120		\$50 (Frid	day)		
☐ A Goldmine	e of Marketing	& Enrollment Opp	oortunities	\$120]			
Thursday: Full-Day Scl	hool Tours				☐ Thursday Day of Service			
□ Baltimore Montessori Public Charter School]	\$20 (sug	gested)	
□ Carroll Cre	□ Carroll Creek Montessori Public Charter School			\$120		Saturda	y Day of Servic	е
□ Barrie School				\$120		\$20 (sug	gested)	
☐ The Frankli	n Montessori S	School		\$120				
Thursday: Half-Day School Tours						Springti	me Fancy (Sate	urday)
☐ Franklin Montessori Schools				\$90		\$225/pe	rson	
Reston Montessori School				\$90		\$2000/g	roup of 10	
□ Montessori	School of Fair	fax		\$90	1			
□ Sunset Hills	□ Sunset Hills Montessori School			\$90		MP3 Au	dio Recordings	3
□ Montessori	☐ Montessori School of McLean			\$90]	\$100/Me	ember	
☐ The Spring	s, A Montesso	ri School		\$90]	\$125/No	n-Member	
□ Oneness F	amily School			\$90]			
☐ Shining Sta	ars Montessori	Academy Public	Charter	\$90]			

By registering for The Montessori Event, you acknowledge the following:

Access to Conference Events: All attendees must be at least 18 years of age to register for The Montessori Event. All registrants will receive a name badge which must be worn for entry into all conference events. This includes workshops, keynote addresses, networking sessions, receptions, and the Exhibit Hall. No person under age 18, including infants and toddlers either handheld or in carriers, will be permitted in the exhibit hall or in conference sessions (unless part of the program).

Photo & Recording Release: Attendees acknowledge that by attending any part of The Montessori Event they are agreeing that their picture/likeness may be taken/recorded and they release permission for that picture/likeness to be used by the American Montessori Society (AMS). They acknowledge that AMS may use said picture in print media or other forms of visual communication as it sees fit. They attest that they are not entitled to any form of monetary/financial compensation for the use of their likeness, have not been promised such, and recognize AMS need not provide compensation for this use or any other type of use of their picture/likeness.

The Montessori Event 2019 Registration Form

Use this worksheet to tally your group's registration and event/add-on costs. Please print legibly.

	First Name (Given Name)	Last Name (Family Name)	Registration Fee	Add-Ons \$
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
-			Total Registration Fees	Total Add-Ons

The Montessori Event 2019 Registration Form

Registration forms received after March 1, 2019 will not be processed

Use the worksheet to help you calculate the total amount due						
	\$ +	\$	+ \$ 75.00 =	= \$		
Ţ	otal Registration Fees	Total Add-Ons	Processing Fee	Total Amount Due		
and do n		or add-ons. In order to o	eir registration fee. Discounts qualify for this discount, the gr o	apply to registration fees only, oup must be registered and		
registratio AMS offic Cancellat within 30	on desk, prior to collecting your c re six weeks (Feb. 7, 2019) prior t ion Policy: Requests for refund	onference badge. Checks for to the conference. Is must be in writing and em t. A \$50 cancellation fee will	or group registrations will not be a nailed to AMS no later than March be deducted from the refund for e	I payments may be made onsite at the ccepted onsite and must be sent to the 1, 2019. Refunds will be disbursed each canceled registration.		
Select y	your payment method					
	Organization:	Enclosed is my che can Montessori Society" in	eck # US dollars and drawn from a US b	ank only		
	Mailing address:					
	AMS billing ID (to receive the	ne invoice):	Phone:			
	Email address for receipt:	10 11140100).	FIIOHE.			
	Email address for receipt.					
	Purchase Order PO # PO payments must be received by AMS prior to February 6, 2019. Indicate below to whom an invoice should be sent. Please include a copy of the PO and any additional instructions with this form. Your school/organization & contact person:					
	Email address:					
	Invoice for PO:					
	Bill To:					
	Email Address:		F	Phone:		
	Contact Person:					
	Mailing Address:					
	Additional Instructions:					
	Wire Transfer Please contact AMS for ins Email: Regis Phone: 212-3	strations@amshq.org	ing to pay by this method.			
	Wire transfer date:		Transfer amount \$			