

CAMT 2017

TRANSFER FORM

After May 24, Transfers must be made at the conference using this form.
See "Register Now" on website camtonline.org

_____ will not be attending CAMT
2017. We are sending _____
in this teacher's place. Please accept this transfer of
registration. (Please make sure original teacher is indeed registered by contacting the CAMT
Registration office.)

District/Company _____
(Example: Austin ISD)

Home Address _____

City _____ State _____ Zip _____

Email _____

What Grade Level do you presently teach?
____ Elementary ____ Middle School ____ High School ____ College

CAMT provides an address list to sponsors. May we include your
contact information in this list? _____ Yes _____ No

Is this your first time to attend CAMT? _____ Yes _____ No

Would you like to join the TX Council of Teachers of Mathematics
(TCTM) at no cost? _____ Yes _____ No

Authorized Signature: _____

Position in District: _____

