

## NTC Membership Registration Form

Please complete the form below and return it to the Newberry Library. You can fax it to the Newberry Teachers' Consortium at (312) 255-3696, or you can mail it to the Newberry Teachers' Consortium, 60 West Walton Street, Chicago, IL 60610. Receipt of the membership form will be confirmed by email or telephone within five days.

Participants may register for NTC seminars as soon as the seminars are officially publicized, pending receipt of their institution's membership form (for Department, School, and/or District members).

### Membership Type

Qty	Membership	Cost and Slots
<input type="text"/>	Individual Seminar	\$135.00 per seminar
<input type="text"/>	Department	\$660.00 for 6 seminars
<input type="text"/>	School	\$1,140.00 for 12 seminars
<input type="text"/>	District	\$1,600.00 for 20 seminars

### Membership Information

IF THE MEMBERSHIP WILL BE SHARED BETWEEN MULTIPLE SCHOOLS OR DEPARTMENTS, PLEASE USE THE SLOT ALLOTMENT SECTION ON THE NEXT PAGE.

District \_\_\_\_\_

School \_\_\_\_\_

Department \_\_\_\_\_

### Contact Information

DEPARTMENT, SCHOOL, AND DISTRICT MEMBERSHIP **REQUIRE** A CONTACT PERSON TO COORDINATE MEMBERSHIPS.

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

### Registration Information

PLEASE SELECT FROM THE FOLLOWING OPTIONS TO INDICATE HOW NTC STAFF SHOULD HANDLE SEMINAR REGISTRATION INFORMATION.

- The contact person will submit seminar registration information. NTC staff will **ONLY** send registration confirmations to the contact person.
- The contact person will submit registration information. NTC staff will send registration confirmation to the contact person **AND** individual participants.
- Individual participants will submit seminar registration information and will receive registration confirmations from NTC staff.

## NTC Membership Registration Form

### Billing Information

PLEASE INDICATE WHERE INVOICES AND BILLING INQUIRES SHOULD BE DIRECTED

*The Newberry Library will send an invoice for payment after receipt of the membership form.*

Name

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Street

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City, State Zip

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Email Address

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Telephone

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### Slot Allotments

IF YOU ARE SPLITTING YOUR MEMBERSHIP, PLEASE INDICATE HOW THE MEMBERSHIP SLOTS SHOULD BE ALLOTTED BETWEEN SCHOOLS / DEPARTMENTS

**School / Department**

**Number of Slots**

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### Additional Instructions