

**The Twenty First Annual Science and Mathematics Educators Conference
(SMEC 21)
Beirut, Lebanon
March 9th, 2019**

Registration Form

(Please Print or Type Clearly)

Institutional Affiliation: _____

Institution VAT Number: _____

Mailing Address of the Institution: _____

Phone number of the Institution: _____

E-Mail Address of the Institution: _____

Designated Contact Person for your institution (this is the person to whom we will direct any questions we have about your registration. **If you are registering as an individual, then YOU are your own contact person.**):

Name: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

Number of attendees (registration without lunch)	_____ @ 45,000 LL
Number of attendees (registration with lunch)	_____ @ 60,000 LL
Total registration fees enclosed: (Make Checks Payable to <i>American University of Beirut</i>)	

Note:

- **SESSION PRESENTERS DO NOT NEED TO REGISTER OR PAY THE FEE]**
- **FULL-TIME UNIVERSITY STUDENTS PAY HALF PRICE BUT MUST PROVIDE A COPY OF UNIVERSITY ID WITH REGISTRATION FEE.**

Number of Elementary Math Teachers in your Group: _____

Number of Elementary Science Teachers in your Group: _____

Number of Intermediate Math Teachers in your Group: _____

Number of Intermediate Science Teachers in your Group: _____

Number of Secondary Math Teachers in your Group: _____

Number of Secondary Science Teachers in your Group: _____

Number of Math Coordinators in your Group: _____

Number of Science Coordinators in your Group: _____

Number of School Administrators in your Group: _____

Other (please specify): _____

