

# REGISTRATION FORM

## 2000 AMC 8 - Individual School Registration

1-800-527-3690 or FAX 402-472-6087

**Date of Exam:** Tuesday, November 14, 2000

PLEASE NOTE: Except for this brochure, all materials are copyrighted. DUPLICATING IS NOT PERMITTED.

### 2000 Contest Order:



Contest Bundles of 10 exams and answer forms ..... # \_\_\_\_\_ @ \$ 10/bundle = ..\$ \_\_\_\_\_

Solutions Sets of 10 pamphlets (optional) ..... # \_\_\_\_\_ @ \$ 6/set = .....\$ \_\_\_\_\_

**Registration Fee** (use rate chart below) .....\$ \_\_\_\_\_

- 1. Early Registration (Jan. 1 - Sep. 30) ..... \$25
- 2. Registration (Oct. 1 - Oct. 15) ..... \$35
- 3. Late Registration (Oct. 16 and later, fax or call) ..... \$45

### SHIPPING (First Class/UPS Shipping and Handling):

United States and Military Schools: ..... **REQUIRED...** \$ 5.00

Canadian and International Schools: ..... # \_\_\_\_\_ @ \$ 5/bundle .....\$ \_\_\_\_\_  
(with a \$60 maximum)

OPTIONAL: (International Schools Only): The AMC office will send results  
by Express Mail for a \$25 fee .....\$ \_\_\_\_\_

### PAYMENT OPTIONS

Check P.O. # \_\_\_\_\_ Visa Master Card American Express

Unpaid Purchase Orders requiring an invoice from our office – add an additional \$5 charge .....\$ \_\_\_\_\_

**GRAND TOTAL** (minimum \$40, includes early registration fee and shipping) .....\$ \_\_\_\_\_

### TERMS -- Payment in U.S. Funds only. Make checks payable to: **AMERICAN MATH COMPETITIONS**

Visa, MasterCard, and American Express accepted. Cardholder's home address required:

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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### Registration Record -- (please print clearly)

School Zip Code: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Contest Manager: \_\_\_\_\_

BILLING ADDRESS (if different from school):

School Name: \_\_\_\_\_

School Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail (for sending results) Please Print Clearly \_\_\_\_\_

**Circle:** School Type: Public Home Private Grades: K 1 2 3 4 5 6 7 8

Mail along with your payment or Purchase Order to:

**American Mathematics Competitions**  
**ATTN: AMC 8 Registration**  
**P.O. Box 81606**  
**Lincoln, NE 68501-1606**

