



2017 Conference Registration Form

To register for the 2017 TNCHE Conference, please provide the following information:

NAME: _____

HOME MAILING ADDRESS:

_____ *Street*

_____ *City* _____ *State* _____ *ZIP Code*

E-MAIL: _____

I am (please check all that apply):

- | | |
|--------------------------------------|--------------------------------|
| _____ an elementary school teacher. | _____ a curriculum supervisor. |
| _____ a middle school teacher. | _____ a college professor. |
| _____ a high school history teacher. | _____ a public historian. |
| _____ other (please explain) _____ | |

ORGANIZATION OR SCHOOL NAME: _____

I plan to attend (please check all that apply):

- _____ Sept. 27, TNCHE Conference breakout sessions
- _____ Sept. 27, TNCHE Luncheon, Gilder-Lehrman History Teacher of the Year presentation, and keynote session with Sam Mihara, *Memories of Heart Mountain*

Please send registration form and \$75 check payable to TNCHE to:

**TNCHE
P.O. Box 40234
Nashville, TN 37204**