

**Leadership Program in Discrete Mathematics
Crash Course - Registration Form**

June 27 – 30, 2011

Hours of the program are 8:30 a.m. - 4:30 p.m.

(Please print)

NAME: _____ DATE: _____

HOME ADDRESS: _____ SCHOOL NAME: _____

CITY & STATE: _____ ADDRESS: _____

ZIP: _____ CITY/STATE/ZIP: _____

PHONE: () _____ PHONE: () _____

e-mail: _____

EDUCATIONAL BACKGROUND

DEGREES	INSTITUTION	MAJOR/DEGREE	DATE
College			
Graduate			

This program assumes little to no prior experience with discrete mathematics. If you have experience, please explain briefly, so that we understand how you hope to benefit from this program. _____

Teaching and/or Administrative Responsibilities:

(Please describe below your present teaching or administrative responsibilities.)

A. What grade level(s) do you currently teach? _____ supervise? _____

B. In what classes and grade levels do you expect to teach discrete mathematics next year?

Grade Level(s)	Course Title	Topics Covered

Preferred Lodging Arrangements:

Arrangements will be made to lodge participants for three nights (June 27 – 29) at a nearby hotel at a special conference fee. Extra nights are also available, for an additional fee. Please respond below:

_____ Yes, I am interested in lodging. _____ No, I am not interested in lodging. _____ I would like a single room.

****Please note that lodging cannot be guaranteed for registrations received less than 2 weeks before the start of the program.****

Method of Payment: (fee is \$795 per participant)

_____ I have enclosed a check from my district. _____ I have enclosed a copy of the purchase order (# _____).

_____ I have enclosed a personal check.

Please submit this registration form by June 13th to:

Crash Course, DIMACS - CORE

96 Frelinghuysen Road

Piscataway, NJ 08854

(Registrations received after June 13th will be accepted if space is available.)