

# Registration Form

## For Mail and Fax Registrations

### Standards-Based Mathematics Workshops for K-12 Teachers

To reserve a space in the workshop, send in the registration form promptly; do not wait for your district to submit materials to us. Your registration will not be processed unless the billing information below is completed.

**Use a separate copy of this form for each registrant – attach multiple registrations from same school/district together**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Supervisor Name \_\_\_\_\_

School: \_\_\_\_\_ Grade(s) Taught: \_\_\_\_\_

School Address \_\_\_\_\_

School City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**School servers often block our email. We will use your email to confirm your registration, send parking passes/directions and forward the annual calendar of workshops.**

Home Email \_\_\_\_\_ WorkEmail: \_\_\_\_\_

Cell Phones: *(we need this in case of inclement weather cancellation)* \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax: \_\_\_\_\_

Home Address \_\_\_\_\_

Home City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If payment will be made by purchase order (fill out form below). PURCHASE ORDER NUMBER: \_\_\_\_\_

If payment will be made by personal check (include with registration).

**Please check appropriate box:**

1-3 Workshop Registrations: \_\_\_\_\_ x \$205 = \_\_\_\_\_ total due

4-9 Workshop Registrations: \_\_\_\_\_ x \$175 = \_\_\_\_\_ total due

10 or more Workshop Registrations: \_\_\_\_\_ x \$155 = \_\_\_\_\_ total due

Precalculus Conference Registration: \_\_\_\_\_ x \$175 = \_\_\_\_\_ total due

**THERE IS A \$10 DISCOUNT FOR EACH ONLINE REGISTRATION.**

**Billing Information (Required)** — Please fill in the following if using a Purchase Order for payment and the billing address is different from the school address above. If it is the same, please check the box below. **Registrations will not be processed if the following information is not completed.**  Please use the work address above \_\_\_\_\_

Billing Department Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

**Please enter the workshop code number for each workshop you would like to attend (to register for more than eight, copy and attach additional sheets):**

Workshop Code Number

Workshop Code Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**FAX to 732-399-5388**

**MAIL to: AMTNJ/DIMACS K-12 Math Workshops, PO Box 264, Bay Head NJ 08742**