

# Registration Form

## 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)**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Badge Name (First Name to be printed on Name Badge i.e. "James" = "Jim") \_\_\_\_\_

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

Grade(s) Taught \_\_\_\_\_

School \_\_\_\_\_

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 \_\_\_\_\_ Work Email: \_\_\_\_\_

Cell/ Phone (*we need this in case of inclement weather cancellation*) \_\_\_\_\_

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

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

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

**Please check appropriate box:** (remember to attach separate forms for each registrant):

1-3 Workshop Registrations: \_\_\_\_\_ x \$195 = \_\_\_\_\_ total due

4-9 Workshop Registrations: \_\_\_\_\_ x \$165 = \_\_\_\_\_ total due

10 or more Workshop Registrations: \_\_\_\_\_ x \$145 = \_\_\_\_\_ total due

Special Fee Workshop Registrations: \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_ total due

Payment will be made by purchase order (fill out form below) \_\_\_\_\_

Payment will be made by personal check (include with registration) made out to AMTNJ \_\_\_\_\_

Payment will be made online \_\_\_\_\_

**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. _____

**Phone: 732-788-1257      FAX to 732-399-5388      Email: amtnej@juno.com**  
**Or MAIL to: AMTNJ/DIMACS K-12 Math Workshops, PO Box 264, Bay Head NJ 08742**