

Registration Form

Name of Workshop & Date: _____

Name: _____

Preferred Name for Name Badge (i.e. "James" or "Jim"): _____

School: _____

School Address: _____

School Phone: _____

Teaching Position/Grades Taught: _____

Home Address: _____

Home Phone (please provide, in case of snow cancellation): _____

Email: _____

Purchase Order # (if applicable): _____

Name of School District: _____

School District Billing Address (for purchase orders): _____

Cancellation Policy Reminder

Cancellations must be made at least 5 business days prior to the workshop date in order to be eligible for a refund (minus a \$25 processing fee). All workshops are subject to cancellation due to insufficient enrollment (full refunds would be issued). No refunds for cancellations made within 5 business days of the workshop date.

You can register by mailing this form to:

Rutgers CMSCE
118 Frelinghuysen Road
SERC Room 221
Piscataway, NJ 08854
Attn: K. Schnatter

Or FAX to: 732-445-3471