Rutgers Fourth Annual K-12 Mega-Conference on Discrete Mathematics
Registration Form — December 8, 2001
LP ‘95 – 2001 Participants

Name: (please print) ____________________________ LP Year: _____ Grade: ______
E-mail Address: ________________________________ Daytime phone: __________________

1 Workshops (see Program flyer): Rank the four Saturday a.m. workshops in order of preference
(1st, 2nd, 3rd or 4th choice): _____ “From Frogs to Fractals” _____ “Codes: Error Detection and Error
Correction” _____ “Patterns in Nature and Number” _____ “The Colorful World of Marriage”. The
first three workshops are intended for K-8 teachers and the fourth is intended for high school teachers.

2 Grade Level Implementation Session: During the follow-up, we will be grouping participants by
grade level to discuss implementation. Please circle your choice of group below.

K - 3  4 - 6  7 - 8

3 Technology Workshops: Would you be interested in an afternoon workshop on:
Microworlds software? _____  Mathematical Modeling? _____

4 Registration Fee: The fee for the conference is $50 (including morning refreshments and lunch).
The $50 fee is waived for those who give a presentation. Please check the appropriate statement
below.

_____ I have enclosed a check for $50 made out to Rutgers University.

_____ I have submitted a Presentation Proposal Form and if accepted will be exempt from $50
conference fee.

5 Housing Arrangements
The program will be happy to make housing arrangements for you at the Four Points Sheraton Hotel (off
Centennial Avenue in Piscataway) at our special rate ($37.50/night+ tax for a double occupancy room or
$75.00/night+ tax for a single occupancy room). You will be responsible for paying for your
accommodations and will pay the Four Points Sheraton Hotel upon departure. This rate is only available
when reservations are made by us (do NOT contact the front desk).

_____ Please DO NOT book a reservation for me.

_____ Please book a reservation for me in a double room. I plan to arrive
__________________________ and will depart on __________________________

Roommate request: __________________________

_____ Smoking  _____ Non-smoking

_____ Please book a reservation for me in a single room. I plan to arrive
__________________________ and will depart on __________________________

_____ Smoking  _____ Non-smoking

Please return this Registration Form with your $50 conference fee by November 20 (if you are requesting
housing) or by November 27 (otherwise) to:

LP Follow-up; P.O. Box 10867; New Brunswick, NJ 08906 Attn: Bonnie Katz