Leadership Program in Discrete Mathematics
Crash Course - Registration Form
July 30 - August 2, 2007
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

<table>
<thead>
<tr>
<th>DEGREES</th>
<th>INSTITUTION</th>
<th>MAJOR/DEGREE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>College</td>
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<tr>
<td>Graduate</td>
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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?

<table>
<thead>
<tr>
<th>Grade Level(s)</th>
<th>Course Title</th>
<th>Topics Covered</th>
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Preferred Lodging Arrangements:
Arrangements will be made to lodge participants for three nights (July 30 through Aug. 1) at a nearby hotel (double-occupancy) as part of the $950 program fee; for single rooms, participants would be expected to pay an additional 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 $950 per participant; without lodging the fee is $795)

_____ 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 July 13th to:
Crash Course - CMSCE
118 Frelinghuysen Road – SERC Room 221
Piscataway, NJ 08854

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