

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