

# Registration Form

## The Mathematics of Homeland Security

To reserve a space in the workshop, send in the registration form promptly; do not wait for your district to submit materials for you. 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 \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

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

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

Home Phone (need in case of inclement weather cancellation) \_\_\_\_\_

Email \_\_\_\_\_

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

- Payment of \$350.00 will be made by purchase order (fill out form below).**
- Payment of \$350.00 will be made by personal check (include with 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 \_\_\_\_\_

**Mail:** Send registration to:  
Debby Toti  
CMSCE, Rutgers University  
SERC Building, Busch Campus  
118 Frelinghuysen Road  
Piscataway, NJ 08854