

Math Perspectives Registration Form

Please use one registration form for each applicant. Select the course you wish to attend and check the appropriate box.

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|---|--|
| <input type="checkbox"/> Assessing Math Concepts (AMC) Institute K-3 (5 days) | <input type="checkbox"/> Teaching for Understanding K-2 (5 days) |
| <input type="checkbox"/> Thinking with Numbers: Number Talks K-2 (3 days) | <input type="checkbox"/> Teaching for Understanding 3-6 (5 days) |
| <input type="checkbox"/> Thinking With Numbers: Number Talks K-6 (3 days) | <input type="checkbox"/> Understanding Fractions 3-6 (3 days) |
| <input type="checkbox"/> Assessing Math Concepts (AMC) Courses
Grades K, 1, or 2 (3 days) (Please specify grade level) | <input type="checkbox"/> Understanding Numbers: Developing Computational
Fluency 3-5 (3 days) |
| <input type="checkbox"/> Developing Number Concepts K-2 (3 days) | <input type="checkbox"/> Developing Math Leaders (4 days) |
| <input type="checkbox"/> Developing Math Concepts Pre-K (2 days) | |

Course Location: _____ **Course Date** _____

Please print clearly. All fields are required.

Name: _____

Home Mailing Address: _____

City, State/Province & Zip/Postal Code: _____

Home Phone: (____) _____

School Phone: (____) _____

Home E-mail: _____

School E-mail: _____

School District: _____

Title/Grade Level: _____

FEES: Per Participant, Per Course/Institute

- \$490 for 5-day Teaching for Understanding K-2 or 3-6
- \$370 for 3-day Thinking with Numbers K-2 or 3-6
- \$370 for 3-day Developing Number Concepts K-2
- \$370 for 3-day Understanding Numbers 3-6
- \$500 for 5-day Assessing Math Concepts Institute
- \$370 for 3-day Understanding Fractions 3-6
- \$385 for 3-day AMC Workshop Grades K, 1st or 2nd
- \$500 for Developing Math Leaders Institute
- \$290 for Developing Math Concepts Pre-K

- Check or Money Order Enclosed
- Credit Card
(See Credit Card Authorization Form-MUST be enclosed)
- School Purchaser Order
(PO to Math Perspectives MUST be enclosed)
Purchase Order #: _____
Purchase Order Amount: _____
Total # of registrants on this purchase order: _____

MAIL or FAX Application To:

Math Perspectives Teacher Development Center
P.O. Box 29418 ■ Bellingham, WA 98226
Tel: 360-715-2782 ■ Fax: 360-715-2783

CHOICE OF PAYMENT: Payable to Math Perspectives

CANCELLATION POLICY: A full refund will be made if written cancellation is received at least 30 days before the first day of the session. If written cancellation is received less than 30 days prior to the session, a processing fee of \$100 per participant will be charged. Participants who have not provided written cancellation according to this policy and do not attend the course forfeit their entire registration fee. Fees and schedule dates/locations subject to change without notice – full refunds will be made in this eventuality. Any tampering and/or altering of this application is strictly prohibited and may result in forfeiture of any and all monies and/or criminal prosecution.