

Math Perspectives Registration Form

Math Perspectives *Assessing Math Concepts* 2-day Course for Classroom Teachers and Teacher Leaders of 2nd Grade Mathematics

Course Location: Buncombe County Schools, Asheville, NC

Course Date: February 22-23, 2012

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

\$250.00 for 2-day course

CHOICE OF PAYMENT: Payable to Math Perspectives

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

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.