

# Math Perspectives Registration Form

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

- |   |  |
|---|--|
| <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<br>Grades K, 1, or 2 (3 days) (Please specify grade level) | <input type="checkbox"/> Understanding Numbers: Developing Computational<br>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** \_\_\_\_\_

Name: \_\_\_\_\_

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 2<sup>nd</sup>
- \$420 for Developing Math Leaders Workshop
- \$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.



P.O. Box 29418  
Bellingham, WA  
98228-9418  
mathperspectives.com

## CREDIT CARD AUTHORIZATION FORM

### Instructions

1. Complete the form by printing legibly with dark ink, all billing and credit card information.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a copy of the **front** and **back** of the signed credit card.
4. Fax or mail this form along with a photocopy of the signed credit card.

Fax: (360)-715-2783

Mailing Address: Math Perspectives, P.O. Box 29418, Bellingham, WA 98228

I, \_\_\_\_\_, hereby authorize Math Perspectives to charge my credit card account in the amount of \$ \_\_\_\_\_ (including shipping and handling, and/or taxes, if applicable).

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC Code \_\_\_\_\_ (last three digits on the number on the back of the card)

Name as it appears exactly on the card \_\_\_\_\_

Billing address of cardholder:

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

By signing this form, I hereby authorize Math Perspectives to charge the credit card listed above for payment of fees, costs, and expenses. I certify that I am a person who is authorized to use this credit card. I agree to abide by the terms and conditions set forth as a credit card holder.

I have read and understand Math Perspectives cancellation policy.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_