

# AMTNJ/DIMACS Registration Form

## For Mail & Fax Registrations

### Standards-Based Mathematics Workshops for K-12 Teachers

To reserve a space in the workshop, register 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 \_\_\_\_\_

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

Home Email (*school servers often block outside email*) \_\_\_\_\_

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

- 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 Registrations: \_\_\_\_\_ x \$175 = \_\_\_\_\_ total due
- Payment will be made by purchase order (fill out form below).
- Payment will be made by personal check (include with registration).

**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 or Board of Education Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please enter the 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.                   | _____ | 5.                   | _____ |
| 2.                   | _____ | 6.                   | _____ |
| 3.                   | _____ | 7.                   | _____ |
| 4.                   | _____ | 8.                   | _____ |