

# desmos

**Two-Day Summer Institute  
Registration Form**

**When:** Tuesday, July 28th and Wednesday, July 29, 2020

**Where:** West Windsor-Plainsboro Regional School District, 321 Village Road East, West Windsor, NJ 08550

**I. PARTICIPANT INFORMATION** (To register online use the link: <https://tinyurl.com/amtnj-desmos>)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Name: \_\_\_\_\_ District: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School Phone: \_\_\_\_\_

Please Check Position: Teacher/ Professor \_\_\_\_\_ Coach \_\_\_\_\_ Chairperson/Supervisor/Administrator \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_

Grade Level(s): \_\_\_\_\_ Preferred AMTNJ Mailing Address: Home \_\_\_\_\_ School \_\_\_\_\_

Previous Member (Y/N) \_\_\_\_\_ Interested in Volunteering? (Y/N) \_\_\_\_\_ Interested in Speaking? (Y/N) \_\_\_\_\_

Interested in making a tax-deductible donation to the AMTNJ Scholarship Fund? (Y/N) \_\_\_\_\_ If yes, how much? \_\_\_\_\_  
(A receipt will be made available upon request.)

If AMTNJ has enough participants interested in getting a group rate at a nearby hotel. Are you interested in reserving a hotel room for an additional fee? (Yes/Maybe/No) \_\_\_\_\_

Are you interested in going on a tour at Princeton University and then going out to dinner in Princeton after the workshop on Tuesday, July 28, 2020, for an additional fee? (Yes/Maybe/No) \_\_\_\_\_

**II. PAYMENT METHOD** (The price of the workshop is \$200 for both days. The price is the same whether you attend one or both days.)

Personal Check \_\_\_\_\_, PayPal \_\_\_\_\_, PO \_\_\_\_\_ PO #, if available \_\_\_\_\_

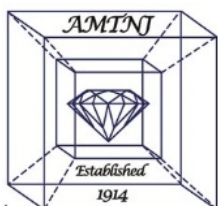
Note: If payment option is NOT checked, your school will be invoiced for a PO, but responsibility for payment lies with the registrant.

**III. RETURN to**

AMTNJ, PO Box 366, Saddle River, NJ 07458 or FAX to 732-399-5388 or EMAIL as an attachment to [amtnj@juno.com](mailto:amtnj@juno.com).

**Space is limited and will be granted on a first come, first served basis.**

**Due to economic commitments, AMTNJ's policy is that refunds are issued up to one week prior to any conference/workshop.**



**Questions?**

Please call 201-481-2878 or 732-788-1257

Email at [amtnj@juno.com](mailto:amtnj@juno.com) or [diannamsopala@yahoo.com](mailto:diannamsopala@yahoo.com)

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