

Math Perspectives 2017 Annual Institute for Math Leaders

✓ June 26-30, 2017 – Erving, MA

PARTICIPANT APPLICATION FORM

Prerequisites for this Leadership Institute:

- Have to have previously participated in at least one Math Perspectives course or institute OR
- Used Assessing Math Concepts or Developing Number Concepts in your classroom or district for a minimum of one school year

How to Apply:

- Complete Participant Application Form.
- Registration fee must accompany your application.
- Mail, Fax or Email your completed application with payment to:

- Submit application by mail:
Math Perspectives
P.O. Box 29418
Bellingham, Washington 98228
- Fax: 360-715-2783

- Submit application by email:
Attach all required materials and send to:
sheryl@mathperspectives.com
Subject line should read "Leadership Institute"

Participant Application Information:

Name

Position/Title

District/School

Home Address

City/State/Zip

Work Phone

Home Phone

Cell Phone

Preferred Email for Institute Correspondence

APPLICATION QUESTIONS (please use a separate sheet of paper if needed)

Is your district using Assessing Math Concepts? or Developing Number Concepts?

Have you attended a Math Perspectives professional development course or institute? Yes No

Please put an X after any MP courses you have attended:

Course	Taken	Year	Course	Taken	Year
Assessing Math Concepts Institute			Assessing Math Concepts Grade Level K, 1, 2		
Thinking with Numbers: Number Talks K-2			Thinking with Numbers: Number Talks 3-5		
Developing Number Concepts K-2			Understanding Numbers 3-5		
Understanding Fractions 3-5			Teaching for Understanding K-2 or 3-5		

Please summarize your teaching experience, beginning with your current position:

School (Name, City, State)	Subjects and/or Grade Levels Taught	Dates

If you will be in the classroom next year, what subject/grade level do you expect to teach?

Please list any activities, presentations, services and/or leadership roles you have undertaken in your profession outside the classroom:

Additional Information:

On a separate sheet of paper, please answer the following question: Why do you want to attend this Institute and what do you expect to take back to your district and/or classroom?

FEES

Institute Fee:

- Single: \$575.00 per person, if paid by 4/30 \$550.00 per person
- Two or More: \$550.00 per person, if paid by 4/30 \$525.00 per person

Travel and Lodging: Participants are responsible for their own transportation and lodging.

Payment Information:

- Check or Money Order: Make payable to Math Perspectives
- Credit Card: Fill out authorization form included or call 360-715-2782
- School Purchase Order: Provide a purchase order (PO) number, complete billing address, and contact information if another party, such as your school or school district, is paying in full or in part for this workshop.

PO Number	Total Registrants on PO
Institution	
Billing Contact/Title	
Billing Address	
Billing City/State/Zip	
Billing Phone	Billing Fax

You will be sent a confirmation email or letter once your registration is received. Sessions are filled on first-come, first-served basis. Limited space is available.

Cancellation Policy
 If you must cancel, a substitute participant is always welcomed. A full refund will be made if written cancellation is received at least 45 days before the first day of the session. If written cancellation is received less than 45 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.

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 _____

Name as it appears exactly on the card _____

Billing address of cardholder:

Street _____

City _____ State _____ Zip Code _____

Telephone _____

Email _____

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 _____