2020 East Coast Summer Math Institute

August 3-7, 2020 – Conway, SC
Coastal Carolina University, near Myrtle Beach

Math Perspectives
Teacher Development Center

PARTICIPANT APPLICATION FORM
See Institute Fees for Early Paid Registration and Group Discounts

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How to Apply:

Complete Participant Application form; Registration fee must accompany your application. Mail, fax or email your completed application with payment to:

Mail to: Math Perspectives, P.O. Box 29418, Bellingham, WA 98228

Fax to: 360-715-2783

Email with Subject line "Summer Math Institute" to: Sheryl@mathperspectives.com

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.

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

Participants will receive a complimentary Assessing Math Concepts kit, *Number Talks in the Primary Classroom* and an autographed copy of *How Children Learn Number Concepts* by Kathy Richardson.

PARTICIPANT INFORMATION:

_____
Name

_____
District/School

Position/Title (Check all that apply)   Grade Level (Check all that apply)
☐ Administrator   ☐ PreK
☐ Classroom Teacher   ☐ K-2
☐ Coach/Specialist   ☐ K-3
☐ Interventionist   ☐ K-5
☐ Other _____

_____
Home Address   City/State/Zip

_____
Work phone   Home phone   Cell phone

_____
Preferred email for Institute Correspondence

Would you like to receive our Q&A eNewsletter by Kathy Richardson and other mailings? Yes ☐ No ☐

APPLICATION QUESTIONS:

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

Please check all MP courses that you have attended:

☐ Assessing Math Concepts Institute   ☐ Thinking with Numbers: Number Talks K-2

☐ Assessing Math Concepts Grade Level K, 1, 2   ☐ Thinking with Numbers: Number Talks 3-5

☐ Developing Number Concepts K-2   ☐ Understanding Fractions 3-5

☐ Teaching for Understanding K-2 or 3-5   ☐ Understanding Numbers 3-5

Interests (Check all that apply):

☐ Assessment   ☐ Instruction   ☐ Number Talks   ☐ Learning Environment

INSTITUTE FEES:

CHECK or **CREDIT CARD** *payment must accompany application form in order to receive Early Paid Registration discounts.*

	If paid by 12/31/19	12/31/19-4/1/20	After 4/1/20
Individual Rate	$540	$560	$585
Group Rate (2+)	$530 pp	$545 pp	$560 pp

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: Complete all purchase order information below and/or provide a copy of the Purchase Order with your completed application.

PO Number   Total Registrants on PO

Institution

Billing Contact/Title

Billing Address   City/State/Zip

Billing Phone   Billing Fax

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 $150.00 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.

Math
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P.O. Box 29418
Bellingham, WA
98228-9418

mathperspectives.com

CREDIT CARD AUTHORIZATON 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: ☐ VISA ☐ MASTERCARD

Credit Card Number: _____

Expiration Date:_____ CVC Code: _____

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:_____