



## A LOOK AT CHILDREN'S THINKING: The Assessing Math Concepts Assessments K-2+ June 21-24, 2021—Online Course, \$335

Course fee includes the required course text *Assessing Math Concepts* by Kathy Richardson, a copy of *Math Perspectives Professional Development Reference & Reading Materials for Teachers of K-6 Mathematics* and one set of AMC Assessment cards.

### PARTICIPANT REGISTRATION FORM

**How to register:** Please use one registration form for each participant; Registration fee or Purchase order must accompany your registration form. Mail, fax or email your completed form with payment to:

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

Fax: 360-715-2783

Email: with Subject line "A Look at Children's Thinking online course" to Sheryl@mathperspectives.com

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

### PARTICIPANT INFORMATION:

|                                       |                                       |                   |
|---------------------------------------|---------------------------------------|-------------------|
| Name                                  | District/School                       | Title/Grade Level |
| Home Mailing Address                  | City, State/Province, Zip/Postal code |                   |
| Work phone                            | Home phone                            | Cell phone        |
| School email <input type="checkbox"/> | Home email <input type="checkbox"/>   |                   |

Please check  preferred email for **Course correspondence**.

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

### PAYMENT INFORMATION:

- Check or Money Order: Make payable to **Math Perspectives**.
- Credit Card: Fill out authorization form included or call 360-715-2782.
- Purchase Order: Complete all PO information below and provide a copy of the PO 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 10 days before the first day of the session. If written cancellation is received less than 10 days prior to the session, a processing fee of \$50.00 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.



## CREDIT CARD AUTHORIZATON FORM

**Instructions:** Please complete all credit card billing information; print legibly using dark ink.

Submit via mail or fax to:

Math Perspectives, P.O. Box 29418, Bellingham, WA 98228 ■ Fax 360-715-2783

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 on card

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

\_\_\_\_\_  
City, State/Province, Zip/Postal code

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact 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