California Mathematics Council - Central Section Symposium

March 7 - 8, 2008 Monterey

REGISTRATION FORM

Full Name: _____

Address line 1: _____

Address line 2: _____

City _____ State _____ Zip+4 _____

Email: _____ Phone _____

(E-mail contact is crucial; it is used for communicating registration information and problems.)

Affiliation (School &/or District) _____

Position: ___Teacher ___ Student ___ Site Admin ___Other Admin ___ Other

Grade-level Breakout Sessions ____PreK-1 ___ 2-3 ____ 4-5 ___6-8 ___8-12 Tech

(MUST CHOOSE ONE ONLY; DO NOT SPLIT AM & PM SESSIONS) ___K-8 General ___8-12 Non-Tech

Please specify any special access/dietary needs: _____

EARLY REGISTRATION FEE** **Regular $140 _____** **Full Time Student $100 _____**

OPTIONS: **Banquet $40 _____** (required for credit/keynote)

AFFILIATE Math Councils (@ $10) **Stanislaus _____** **Bakersfield _____**
Monterey Bay _____

Total Due $_____

Late Registration After February 20, 2008: Regular - $160; Full Time Student - $120

Meals Saturday buffet lunch is included in registration fee.
If you are staying at Embassy Suites, breakfast is provided.
(Friday Evening Banquet Registration is required for keynote speaker/university credit.)

Payments

Check # _____ (payable to CMC) Purchase Order # _____ (enclose copy)**

C	R	E	D	I	T	C	A	R	D					-					-					-				

Credit Card Expires _____ Credit Card Charge of: $_____

Signature *_____

Total Paid $_____

*Signature & telephone number or email required on all credit card sales.
** PO MUST be paid within 30 days of invoice or the late rates will apply.
Cancellation: $60 is non-refundable. (Send by February 29th)

Questions to CMC-MATH@SBCGLOBAL.NET or phone 925-680-8573

NO FAXES! Mail to:

CMC-CS

PO Box 880

Clayton CA 94517-0880