

EQUALS Workshop Application

Spring 2007

Register Now!

The workshop will be held at the Lawrence Hall of Science, Berkeley, California from 9:00 a.m. to 3:30 p.m.

Workshop participants will receive two FAMILY MATH books, numerous handouts, morning coffee, pastry, and lunch. Credit is available for an additional fee.

Choice	Fee	Dates	Title
A	\$400 for 1 \$750 for teams of 2	March 27&28, 2007 2 days	FAMILY MATH Grades PreK-8

We request that team members each complete an application and return the applications together.

Mail or fax the application to:

Helen Raymond
EQUALS Workshops
Lawrence Hall of Science
University of California at Berkeley
Berkeley, CA 94720-5200
Fax: (510) 643-5757

We accept credit cards (VISA, MasterCard), a district purchase order, or personal check.

Cancellation deadlines for refund requests:

To receive a refund (minus a \$15 processing fee), you must contact Helen Raymond ten (10) days prior to the workshop date. We regret that we cannot issue a refund after the 10-day deadline. However, you may transfer your registration to another person or to another available EQUALS workshop. Please notify Helen Raymond at (510) 643-6525 if you plan to make any changes to your registration.

Participant Information

Name:	School/Affiliation:
Home Address:	Address:
City, State, Zip:	City, State, Zip:
County:	County:
Phone:	Phone:
Email:	District:
	Grade Level(s):

Are you attending in a team? Please include your team member's name and telephone number:

Applicants are encouraged to apply for appropriate funding. Possible Funding Sources: Title I, Title II, Title III, Title VII, No Child Left Behind Funds, Improving Teacher Quality State Grants, Charter Schools Funding, Program Improvement Funds, Professional Development Funds and Parent Teacher Organizations. District purchase order of check, personal check, VISA, and MasterCard are acceptable. No cash please.

Make check or purchase order payable to U.C. Regents in the appropriate amount.

District Purchase Order/Check Number:	Personal Check Number(s):
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() VISA () MasterCard

Card Holder's Name: _____

Number & Expiration Date: _____