

California Mathematics Council - Central Section Symposium

March 12 – 13, 2010 Seaside

REGISTRATION FORM

Embassy Suites • 1441 Canyon Del Rey • Seaside, CA 93955

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 ___

Grade-level Breakout Sessions: (MUST CHOOSE ONE LEVEL ONLY; CANNOT SPLIT AM & PM SESSIONS)

3 – 5

6 – 8

9 – 12

On-site & NORMAL REGISTRATION FEE **Regular \$160** _____ **Full Time Student \$120** _____

OPTIONS: **Banquet \$55** _____ (required for credit/keynote)

\$10 AFFILIATE dues (optional) **Stanislaus** _____ **Bakersfield** _____
Monterey Bay _____ **San Luis Obispo** _____

Total Due \$ _____

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.)

Please specify any special access/dietary needs: _____

Payments

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

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

Credit Card Expires (mm/yy) _____

Signature for card* _____

Total Paid \$ _____

*Signature & telephone number or email required on all credit card sales.

Cancellation: \$60 is non-refundable. (Send by February 29th)

Questions to ExecSect@cmc-math.org or phone/FAX 925-680-8573

FAX application by NOON FRIDAY March 5. After that, please bring it with you and register onsite. P.O.s to CMC • PO BOX 880 • CLAYTON CA 94517-0880