

Creative Mathematics

4001 West End Road, Ste. 6 • Arcata, CA 95521-9612

1-800-841-5193 • Fax (707) 826-1780

WORKSHOP REGISTRATION

Workshop Information

Workshop Date: _____ Presenter Name: _____

Workshop Location: _____

Personal Information

Your Name: _____

Home Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____

Home Email: _____

School Information

School Name: _____ **Grade Level:** _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

School Email: _____

Billing Information

Purchase Order # _____ Sending Payment _____

School District: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Credit Card Payment

Visa MasterCard Discover AMEX

Card Number:

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Expiration Date: _____ **CVC Code:** _____

Cardholders Name: _____

Cardholders Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Signature: _____

Fax this form to: 1-707-826-1780

Or mail to: Creative Mathematics • 4001 West End Road, Ste. 6 • Arcata, CA 95521-9612