

2009 PBLN Professional Development Registration

Mr. Ms. Mrs. Dr.

First Name _____ Last Name _____ MI _____

Contact Preference: Home Work

Workplace Name _____

Work Address _____

City _____ State _____ County _____ Zip _____

Country _____

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Work Telephone _____

Work E-mail _____

Home Address _____

City _____ State _____ County _____ Zip _____

Country _____

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Home Telephone _____

E-mail _____

Demographic Information

What is your Primary Role: Student Teacher Admin. Other

Grade Levels: _____

Content Area: _____

Including this one, how many years have you been in your current role at this school? _____

Including this one, how many years have you been in this profession? _____

Please Indicate how you describe yourself: Male Female

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Bi/Multi Racial |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other |

Demographic information is used to determine patterns of participation in our programs and events. The purpose is to evaluate how well we are serving citizens throughout Illinois. Thank you for your cooperation!

Program Selection

(please fill out one registration form per participant)

- PBL Design Institute- \$650 due by July 1, 2009
- Advanced PBL Design Institute-\$650 due by June 1, 2009
- PBL Coaching Institute- \$1,250 due by July 1, 2009
- PBL Facilitator Academy- \$650 due by June 1, 2009

Method of Payment:

- Credit Card Purchase Order Check

Credit Card

Type of Card- (Visa or MasterCard Only) _____

Exact Name on Card _____

Card Number _____

3-digit Security Number (found on back) _____

Expiration Date _____

Amount Charged (total from above) _____

Signature of Cardholder _____

Billing Address _____

Phone Number () _____

Date _____

Checks

Please make your check payable to the **Illinois Mathematics and Science Academy**

Purchase Order

Purchase Order Number _____

Please include copy of purchase order with registration form

If more than one participant is covered on a Purchase Order or school check please include all participants' registration forms with P.O. or check.
Thank you!

Mail registration with payment to:

Kristina Norton, **PBLNetwork**
Illinois Mathematics and Science Academy
1500 West Sullivan Road
Aurora, IL 60506-1000

Fax registration with P.O. or credit card payment to:
630 907 5946
Attn: Kristina Norton