

# 2008 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 \_\_\_\_\_

( )

Work Telephone \_\_\_\_\_

Work E-mail \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

( )

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 per participant)

- PBL Design Laboratory- \$50 due by March 1, 2008
- PBL Colloquium- \$100 due by June 1, 2008
- PBL Design Institute- \$650 due by July 1, 2008
- Advanced PBL Design Institute-\$650 due by June 1, 2008
- PBL Coaching Institute- \$1,250 due by July 1, 2008
- PBL Facilitator Academy- \$650 due by June 1, 2008

### 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 reverse) \_\_\_\_\_

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 PBLN Program 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