

EPDIS

Educators' Professional Development Institute Series:
Developing Algebraic Thinking

Participant Application

Please type or print in ink and attach additional pages for responses to questions. Duplicate as needed.

Name _____
First Last

Home address _____
Street City State ZIP

Date of birth _____ Social Security Number _____

Home phone (_____) _____ Work phone (_____) _____

Fax (_____) _____ Work email _____

How often do you check your email? _____ Home email _____

School name _____

School address _____
Street City State ZIP

Current subject areas taught _____

Grades taught _____

Degree earned/areas of certification _____

I agree to all of the following to participate in the Educators' Professional Development Institute Series:

- 1) Submit a letter of support for participation (from the appropriate administrator) **with** my application.
- 2) Read and respond to all preparatory materials and communications prior to the institutes/workshops.
- 3) Consent to the release of my name, address, and email address to other participants in the institutes.
- 4) Fully participate in each day of the institutes and workshops.
- 5) Meet the requirements of the syllabus for each course/workshop listed.
- 6) Understand that my final teaching unit will be published in some format.

Signature _____ Date _____

Signature of Administrator _____ Date _____

Title of Administrator _____

Return your completed application by
November 13, 2006

Applicants will be notified of selection by **November 20, 2006**. Upon notification of selection, participants will be provided with information regarding the registration fee.

Educators' Professional Development Institute Series
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