Martinson Center for Mathematics and Science

Share the Wonder of Science: Kindergarten Science Workshop
July 7-9, 2010
Founders Inn and Spa
Virginia Beach, VA

Registration Form
Please print clearly—all fields are required for EACH participant.

School districts may reserve up to 10 spaces and provide the names of participants no later than May 1, 2010. In order to confirm your reservation, include the name, e-mail address, and telephone number of your school district contact.

Payment (check one):

☐ Check (make checks payable to School of Education, Regent University)
   (fax a copy of your check with the registration form; mail the original ASAP) Checks must be written for the full registration amount of $380 per person ($325 for early-bird registration prior to May 1, 2010). There are no partial payment options. To receive a full refund, cancellations must be made six (6) weeks prior to event. Due to planning purposes any cancellation made after the six (6) week deadline will be eligible for a 50% refund. Workshop kits are not mailed to registrants who are unable to attend the full workshop.

☐ Purchase Order #
   (fax a copy of your PO with the registration form; mail the original ASAP) Purchase Orders must be written for the full registration amount of $380 per person ($325 for early-bird registration prior to May 1, 2010). To complete your registration by Purchase Orders you must fax a copy of your Purchase Order with your online confirmation to 757-352-4123. Your registration will not be complete until we have received a copy of your Purchase Order. When paying by Purchase order, payment must be received by May 1, 2010 to guarantee your Early Bird Pricing and your space at the workshop. All purchase order payments must be paid in full to attend the workshop.

No spaces can be reserved without proof of payment; available on a first come, first served basis. All fees must be paid prior to participant attendance at the conference!

The institute fee of $380 ($325 before May 1, 2010) includes conference materials and catered meals each day.

Please return application to:
Jenny Sue Flannagan, Director
Regent University School of Education
1000 Regent University Drive ADM 243
Virginia Beach, VA 23464
757-352-4123
757-352-4247 (fax) or jennfla@regent.edu
Participant #1:
Name: _______________________________________ Nickname: ______________________________________
(for certificate) First   Last   MI      (for badge)
Title/Position: School District: _______________________________________________________________
Address: _________________________________________________________________________________
City: State: Zip: ___________________________________________________________________________
Home Phone: ( ) ___________________________ Work Phone: ( ) __________________________________
E-mail Address: ________________________________ Fax #: ( ) ___________________________________ 

Participant 2
Name: _______________________________________ Nickname: ______________________________________
(for certificate) First   Last   MI      (for badge)
Title/Position: School District: _______________________________________________________________
Address: _________________________________________________________________________________
City: State: Zip: ___________________________________________________________________________
Home Phone: ( ) ___________________________ Work Phone: ( ) __________________________________
E-mail Address: ________________________________ Fax #: ( ) ___________________________________ 

Participant 3
Name: _______________________________________ Nickname: ______________________________________
(for certificate) First   Last   MI      (for badge)
Title/Position: School District: _______________________________________________________________
Address: _________________________________________________________________________________
City: State: Zip: ___________________________________________________________________________
Home Phone: ( ) ___________________________ Work Phone: ( ) __________________________________
E-mail Address: ________________________________ Fax #: ( ) ___________________________________
Participant 4
Name: _______________________________________ Nickname: _______________________________________
(for certificate) First  Last  MI  (for badge)

Title/Position: School District: _________________________________________________________________

Address: _________________________________________________________________________________

City: State: Zip: ___________________________________________________________________________

Home Phone: ( ) ___________________________ Work Phone: ( ) ________________________________

E-mail Address: ________________________________ Fax #: ( ) ___________________________________

Participant 5
Name: _______________________________________ Nickname: _______________________________________
(for certificate) First  Last  MI  (for badge)

Title/Position: School District: _________________________________________________________________

Address: _________________________________________________________________________________

City: State: Zip: ___________________________________________________________________________

Home Phone: ( ) ___________________________ Work Phone: ( ) ________________________________

E-mail Address: ________________________________ Fax #: ( ) ___________________________________

Participant 6
Name: _______________________________________ Nickname: _______________________________________
(for certificate) First  Last  MI  (for badge)

Title/Position: School District: _________________________________________________________________

Address: _________________________________________________________________________________

City: State: Zip: ___________________________________________________________________________

Home Phone: ( ) ___________________________ Work Phone: ( ) ________________________________

E-mail Address: ________________________________ Fax #: ( ) ___________________________________
Participant 7
Name: ____________________________ Nickname: ____________________________
(for certificate) First   Last   MI      (for badge)
Title/Position: School District: ________________________________________________
Address: _______________________________________________________________________
City: State: Zip: __________________________________________________________________
Home Phone: ( ) ___________________________ Work Phone: ( ) _________________________
E-mail Address: ___________________________ Fax #: ( ) ______________________________

Participant 8
Name: ____________________________ Nickname: ____________________________
(for certificate) First   Last   MI      (for badge)
Title/Position: School District: ________________________________________________
Address: _______________________________________________________________________
City: State: Zip: __________________________________________________________________
Home Phone: ( ) ___________________________ Work Phone: ( ) _________________________
E-mail Address: ___________________________ Fax #: ( ) ______________________________

Participant 9
Name: ____________________________ Nickname: ____________________________
(for certificate) First   Last   MI      (for badge)
Title/Position: School District: ________________________________________________
Address: _______________________________________________________________________
City: State: Zip: __________________________________________________________________
Home Phone: ( ) ___________________________ Work Phone: ( ) _________________________
E-mail Address: ___________________________ Fax #: ( ) ______________________________
Participant 10
Name: _______________________________________ Nickname: __________________________________
(for certificate) First       Last       MI       (for badge)
Title/Position: School District: _______________________________________________________________
Address: _________________________________________________________________________________
City: State: Zip: __________________________________________________________________________
Home Phone: ( ) ___________________________ Work Phone: ( ) __________________________________
E-mail Address: ________________________________ Fax #: ( ) ___________________________________