



Center for Mathematics and Science Education
School of Education
University of North Carolina at Chapel Hill

REGISTRATION FOR RENEWAL CREDIT ACTIVITY

Date: _____ **Date received** (office use only) _____

Course: AIMS Workshop (check one) **K-1 Sept. 17** **2-3 Sept. 24** **4-5 Oct. 1**

Fee: \$60 is enclosed will be paid by (school or system) _____
(Fee reduced to \$50 per person for 3 or more from the same LEA attending the same workshop)

Name (please print): _____, _____
Last first middle suffix (Jr., Sr. etc.)

Address (please notify us of any changes):

Street address or P.O. box city state zip code

Email address: _____ **Phone:** _____ - _____ - _____
area

Gender: Male Female

Ethnicity (optional; will be used only for statistical purposes):

White Black Asian Hispanic
 Native American _____ Other _____
tribal affiliation explain

N. C. Teaching License: Yes, level and area: _____

No, current licensing status: _____

Current Teaching Assignment (check here if you have none:):

Grade(s) _____ in _____
Subject area(s)

School: _____

School system: _____

Mail completed application to: Center for Mathematics and Science Education
CB#3500, UNC Chapel Hill
Chapel Hill, NC 27599-3500