

Registration

**Conversations Among Colleagues:
Collaborating to Improve the Mathematical Education of Our Students
University of Michigan, School of Education
Ann Arbor, Michigan
March 24, 2006**

Please, one name per form. Print as many as necessary. Additional information available at: www.soe.umich.edu/math/

Name:

Mailing Address:

City/State:

Zip:

Phone: ()

Fax: ()

Affiliation (& District if applicable):

Other Phone:

Email:

Registration deadline: March 17, 2006

Please send completed registration form and check made payable to **The University of Michigan** for **\$40.00** (includes lunch and parking) to:

Attn: Brenda Ely
610 E. University Ave.
University of Michigan, 1600 SEB
Ann Arbor, MI 48109-1259

Receipts will be distributed at registration.

PERSONS NEEDING SPECIAL ACCOMMODATIONS ARE REQUESTED TO CONTACT 734-615-7235 ASAP.

Position: (circle all that apply)

K-12 Teacher, grade level: _____

Mathematician/Statistician

Consultant/Supervisor

Mathematics Educator

Curriculum Director

2 Yr. College

4 Yr. College

University

Other (specify): _____

Dietary Restrictions (specify): _____