

CSU/UC MATHEMATICS DIAGNOSTIC TESTING PROJECT

Assessment Conference for Mathematics Teachers

(Grades 3 – 12)

Saturday, February 8, 2014 • 9am – 2pm
LAWRENCE HALL OF SCIENCE • UC BERKELEY

Registration Form

NAME: _____ GRADE(S) YOU TEACH (IF ANY): _____

HOME ADDRESS: _____

TELEPHONE (S): _____

EMAIL: _____

SCHOOL, WORK, OR AFFILIATION NAME: _____

ADDRESS: _____

We will mail a detailed conference program, parking permit, and directions for parking and check-in. Please indicate which address you prefer we use for this mailing:

Home Work

*All registrations must be accompanied by a \$25 check or money order payable to **UC Regents**. We must receive your registration and payment by **Friday, January 17, 2014**. Purchase orders are not accepted. No refunds or on-site registrations will be permitted; however, substitutions are allowed. You may request a receipt for reimbursement upon arrival. Please call Celene Reyes at (510) 642-0846, or email her at mdtp@math.berkeley.edu if you have any questions.*

Mail this form and a \$25 check payable to the **UC Regents** to:

Mathematics Diagnostic Testing Project
820 Evans Hall, Dept. of Mathematics
University of California, Berkeley
Berkeley, CA 94720-3840

