**A red and white sign

Description automatically generated with medium confidence**Assessing Math Concepts K-2+

June 13-16, 2022—*Online Course*

For all registrations received by May 10th, shipping and handling for the required text,

*Assessing Math Concepts* by Kathy Richardson, will be waived.

You will not need to purchase a new copy if you already have the book.

***Assessing Math Concepts book*** $36.99 plus 13% S&H after May 10th

***Assessing Math Concepts course*** $335

**Total for r*equired text and course*** $371.99 plus 13% S&H after May 10th

It is also highly recommended that Kindergarten teachers have *Developing Number Concepts* Books 1 and 2; 1st grade teachers have *Developing Number Concepts* Books 1, 2 and 3; and 2nd grade teachers have *Developing Number Concepts* Books 2 and 3.

Course fee includes the provided course materials:

***Math Perspectives Professional Development Refence & Reading Materials for Teachers of K-5 Mathematics***

***AMC Assessment Cards***

**PARTICIPANT REGISTRATION FORM**

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| **How to register:** Please use one registration form for each participant; Registration fee or Purchase order must accompany your registration form. Mail, fax or email your completed form with payment to:  Mail: Math Perspectives, P.O. Box 29418, Bellingham, WA 98228  Fax: 360-715-2783  Email: with Subject line “Online Assessing Math Concepts Course” to erin@mathperspectives.com  You will be sent a confirmation email or letter when your completed registration is received. Sessions are filled on first-come, first-served basis. Limited space is available. |

**Participant Information:**

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| --- | --- | --- |
| Name | District/School | Title/Grade Level |
| Home Mailing Address | City, State/Province, Zip/Postal code | |
| Work phone | Home phone | Cell phone |
| School email **⬜** | Home email  **⬜** |  |
| Please check 🗷 preferred email for **Course correspondence**.  Would you like to receive our Q&A eNewsletter by Kathy Richardson and other course emails? Yes ⬜ No ⬜ | | |

**PaYMENT Information:**⬜ Check or Money Order: Make payable to **Math Perspectives**.  
⬜ Credit Card: Fill out authorization form included or call 360-715-2782.  
⬜ Purchase Order: Complete all PO information below and provide a copy of the PO with your completed application.

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| --- | --- | --- |
| PO Number |  | Total Registrants on PO |
| Institution | Billing Contact/Title | |
| Billing Address | City/State/Zip | |
| Billing Phone | Billing Fax | |
| **Cancellation Policy** If you must cancel, a substitute participant is always welcomed. A full refund will be made if written cancellation is received at least 10 days before the first day of the session. If written cancellation is received less than 10 days prior to the session, a processing fee of $50.00 per participant will be charged. Participants who have not provided written cancellation according to this policy and do not attend the course forfeit their entire registration. | | |

**CREDIT CARD AUTHORIZATON FORM**

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| **Instructions:** Please complete all credit card billing information; print legibly using dark ink.  Submit via mail or fax to:  Math Perspectives, P.O. Box 29418, Bellingham, WA 98228 ◼ Fax 360-715-2783 |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Math Perspectives to charge my credit card account in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (including shipping and handling, and/or taxes, if applicable).

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| Type of card:  VISA  Mastercard | |  |  |
| Credit Card number | Expiration date |  | CVC code |
| Name as it appears on card |  |  |  |
| Card Billing Address |  | City, State/Province, Zip/Postal code | |
| Contact Phone | Contact Email |  |  |

By signing this form, I hereby authorize Math Perspectives to charge the credit card listed above for payment of fees, costs, and expenses. I certify that I am a person who is authorized to use this credit card. I agree to abide by the terms and conditions set forth as a credit card holder.

I have read and understand Math Perspectives cancellation policy.

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| --- |
| Signature |
| Printed Name |
| Date |