



**2022 Math Leadership Institute  
for Educators of K-2 Mathematics**  
July 11 to 15, 2022—*On-site Course*

Course fee includes the provided course materials:

*How Children Learn Number Concepts: A Guide to the Critical Learning Phases*

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

*Assessment Kit*

**Individual Registration**

\$585.00 or

~~\$540 if payment received 12/31/21~~

~~\$560 if payment received 12/31/21 - 4/1/22~~

**Group Registration (2+)**

\$560.00 per person or

~~\$530 if payment received 12/31/21~~

~~\$545 if payment received 12/31/21 - 4/1/22~~

**PARTICIPANT REGISTRATION FORM**

**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 "2022 Summer Math Institute" 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.

**How to reserve your hotel room:** Please call Oxford Suites Bellingham directly (360) 676-1400 to use our group discount code. Mention "2022 Summer Math Institute with Math Perspectives" and they can reserve a king suite at \$139/night or a double queen room at \$129/night.

**PARTICIPANT INFORMATION:**

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.



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

**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).

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.

_____ Signature	_____ Date
_____ Printed Name	
_____	

## APPLICATION QUESTIONS

(please use a separate sheet of paper if needed)

Is your district using Assessing Math Concepts?  or Developing Number Concepts?

Have you attended a Math Perspectives professional development course or institute? **Yes**  **No**

Please put an X after any MP courses you have attended:

COURSE	TAKEN	YEAR	COURSE	TAKEN	YEAR
Assessing Math Concepts Institute			Assessing Math Concepts K-2		
Number Talks Pre-K			Understanding Numbers 3-5		
Number Talks K-2+			Teaching for Understanding K-2 or 3-5		
Developing Number Concepts K-2			Understanding Fractions 3-5		

Please summarize your teaching experience, beginning with your current position:

**SCHOOL (NAME, CITY, STATE)**

**SUBJECTS AND/OR GRADE LEVELS TAUGHT**

**DATES**

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If you will be in the classroom next year, what subject/grade level do you expect to teach?

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Please list any activities, presentation, services and/or leadership roles you have undertaken in your profession outside of the classroom:

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### Additional Information:

On a separate sheet of paper, please answer the following question: Why do you want to attend this Institute and what do you expect to take back to your district and/or classroom?