

Conference Registration Form

# VDOE Math Emporium 2008

July 23, 2008 or July 24, 2008

The Hotel Roanoke & Conference Center • Roanoke, Virginia

*Please print or type—complete a separate form for each participant*

Name \_\_\_\_\_

Title \_\_\_\_\_

School Division \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Please select which day you will attend:

- Wednesday, July 23
- Thursday, July 24

Please select which grade level:

- Kindergarten
- First
- Second
- Third
- Fourth
- Fifth

Return form by **June 6, 2008** (*no staples, tape, or paper clips, please*) to:

Conference Registrar  
Continuing and Professional Education  
Virginia Tech, Mail Code 0272  
702 University City Blvd.  
Blacksburg, VA 24061

phone: 540/231-5182  
fax: 540/231-3306

Office Use Only	
Received	DATE: _____
	INITIALS: _____

*The information you provide is subject to the Freedom of Information Act guidelines.*

mathmodules 563621 webpdf