

IMSA Problem-Based Learning Design Workshop
PARTICIPANT REGISTRATION FORM
(Please print)

Full Name: _____
(Dr., Miss, Mrs., Ms., Mr.) Last First Middle

First Name Preference _____ Gender: M F

Ethnic Background: Are you Hispanic or Latino? Yes or No

(Check all boxes that apply):

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
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School Name: _____

Address: _____

City: _____ Zip Code: _____

State: _____

Phone: (____) _____ Best time to reach you _____

Email address you check regularly (*Please print clearly*): _____

Grade level(s) you currently teach: _____

Current content area(s) (*check all that apply*): _____ Reading _____ Math _____ Science

_____ Social Studies _____ Language Arts _____ Other

Years of professional experience _____ Years in current role _____

Once we receive this form we will contact you regarding payment.

Photos and video taped images may be taken while participating in IMSA activities. These may be used for educational publicity purposes. Please check the box and sign below if you do NOT want your images published.

Do not publish my images. Signature _____