



**Registration Form** for individual teachers or school teams  
**CCSS-Mathematics Regional Workshops, 2012**

Sponsored by the Ohio Council of Teachers of Mathematics

Workshop Location: \_\_\_\_\_ Workshop Date: \_\_\_\_\_

School district represented: \_\_\_\_\_

**Please provide the following information for each participant.** (Use additional pages if needed.)

**CCSS Levels of Awareness:** (1) It's new to me (2) I have seen the document  
 (3) I have attended a workshop (4) I have studied my grade band standards (5) I am working on implementation

**Breakout Sessions:** Choose one of these grade bands: K-2 3-5 6-8 9-12

**Registration fees:** \$10 for OCTM members; \$15 for non-members.  
 (OCTM Membership information is available at [http://www.ohioctm.org/join\\_octm.htm](http://www.ohioctm.org/join_octm.htm))

Name	e-mail Address	Grade taught or other position	CCSS Level	Breakout Band	Registration Fee

Please designate a **Team Contact** (one of the participants listed above). **Total Fees** \$\_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please return this form **with payment by check or school purchase order** made out to "Ohio Council of Teachers of Mathematics"

**See the list of workshop Dates and Locations for the mailing address in your region.**

If you have questions about the location or schedule, please contact the Local Coordinator for the workshop in your region.