

7th Annual Wyoming Math and Science Teachers' Conference

Casper College ■ Wold Physical Science Building ■ January 9 and 10, 2009

Participant Registration Form

Presenter Name (please print or type) _____

Mailing Address _____

Phone _____ Fax _____ Email _____

School/Business Name _____

School/Business Address _____

SSN _____ Date of Birth _____ Male Female

Grade(s) you teach _____ I am a member of WCTM WSTA

Dietary Needs _____

Registration Fee

- \$130 Full 2-Day Conference Participant
- \$65 1-Day conference Participant
- \$50 Conference Presenter

Method of Payment

Total amount due \$ _____

- Check (Payable to Casper College) P.O. (Please provide P.O. Number _____)
- Bill Company (Submit a letter of authorization on company letterhead that includes billing address)
- Visa MasterCard Discover

Card # _____ Exp. Date _____

Cardholder Signature _____ Date _____

Return registration to:

By Fax: 307-268-3111

By Mail: Casper College
Attn: Kenyne Schlager, (BU113)
125 College Drive
Casper, WY 82601

For more information contact Kenyne
at 307-268-3847 or email
kschlager@caspercollege.edu