REGISTRATION FORM

Achievement Gap Summit
Saturday, April 29, 2006
University of Puget Sound

Summit registration includes continental breakfast, plenary sessions, refreshment breaks, special interest sessions, a boxed lunch, and closing reception.

Last Name: ____________________________________________ First Name: ____________________________________________

Organization/School: ____________________________________________ Department: ____________________________________________

Address: ____________________________________________

Address: ____________________________________________

City: ____________________________________________ State: ____________________________________________

Zip Code: ____________________________________________ Country: ____________________________________________

Telephone: ____________________________________________ E-mail: ____________________________________________

Have you been involved in any initiatives to address the problem of the achievement gap? YES NO

Of the following, please circle the ones in which you have been involved:

Math circle  Reading circle  Weekend school  Summer school  Peer tutoring  Mentoring  Community Mobilization/Engagement

Other
_________________________________________________________________________________________________________________________________________________________________________________

Would you be interested in follow-up programming (workshops, seminars, etc.)? YES NO

Of the following, please circle the ones in which you would be interested:

Math circle  Reading circle  Weekend school  Summer school  Peer tutoring  Mentoring  Community Mobilization/Engagement

Registration Fee

We are able to offer these incredible rates thanks to our sponsors:
The Office of the Superintendent of Public Instruction (OSPI), The Tacoma-Pierce County Black Collective,
The Evergreen State College, and The University of Puget Sound.

Student (must show school identification card at registration) FREE _______________
Non-student $25.00 _______________

If you need assistance or special accommodation to participate fully in the program, including having special dietary needs, a representative from the University of Puget Sound will contact you for further information if you check this box.

☐ Type of accommodation needed:
_________________________________________________________________________________________________________________________________________________________________________________

Vegetarian meal requested ☐

To secure your registration, you may choose from the following:

1. Fax your registration form to 253.879.2975.
2. Mail your registration so that it is received by 4/27/06 to Conference Services, University of Puget Sound, 1500 North Warner Street #1093, Tacoma, Washington 98416.

If you have questions, need these materials in alternate format, or need assistance of any kind, please contact us! We can be reached by telephone at 253.879.3483 or via e-mail at kmorse@ups.edu.