F. L. Griffin Mathfest
April 22, 2006
REGISTRATION FORM

Teacher's Name ____________________________
School ____________________________________________
Address & Telephone ________________________________

Attending Mathfest?   ☐ Yes  ☐ No

(Teacher's attendance is not required for individual students to attend the symposium.)

Please print:
1. Student's Name ____________________________  ☐ M  ☐ F
   School ____________________________  HS Grad Year ______
   Home Address ____________________________ ZIP ___________ Phone ____________

2. Student's Name ____________________________  ☐ M  ☐ F
   School ____________________________  HS Grad Year ______
   Home Address ____________________________ ZIP ___________ Phone ____________

3. Student's Name ____________________________  ☐ M  ☐ F
   School ____________________________  HS Grad Year ______
   Home Address ____________________________ ZIP ___________ Phone ____________

4. Student's Name ____________________________  ☐ M  ☐ F
   School ____________________________  HS Grad Year ______
   Home Address ____________________________ ZIP ___________ Phone ____________

Registration Deadline: Friday, April 14, 2006. Enrollment limited to 20 students. Please return this form to Barbara Amen, Director of Special Programs, Reed College, 3203 SE Woodstock Blvd., Portland, OR 97202. FAX 503/517-7345. Phone 503/777-7259.