



# TEACHER REGISTRATION

with  
CPM Educational Program

Name: \_\_\_\_\_  
FIRST M.I. LAST

Home Address: \_\_\_\_\_  
STREET / P.O. Box CITY/STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ e-mail or FAX : (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_  
NAME ADDRESS

School Phone: (\_\_\_\_) \_\_\_\_\_ e-mail or FAX : (\_\_\_\_) \_\_\_\_\_

Please print clearly

I plan to attend the \_\_\_\_\_ workshops at \_\_\_\_\_  
(Course Level) (City)

**NOTE: Each teacher must register directly with the workshop of choice.  
This form DOES NOT reserve a space in any workshop !**

**I will be using the following CPM course(s):** *(Check all that apply)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Foundations for Algebra, Year 1 (FFA1) | <input type="checkbox"/> Algebra 1 (Math 1) 2 <sup>nd</sup> Ed. | <input type="checkbox"/> Math Analysis (Math 4) |
| <input type="checkbox"/> Foundations for Algebra, Year 2 (FFA2) | <input type="checkbox"/> Geometry (Math 2) 2 <sup>nd</sup> Ed.  | <input type="checkbox"/> Pre-Calculus with Trig |
| <input type="checkbox"/> Algebra Connections                    | <input type="checkbox"/> Algebra 2 (Math 3) 2 <sup>nd</sup> Ed. | <input type="checkbox"/> Calculus (Math 5)      |
| <input type="checkbox"/> Geometry Connections                   | <input type="checkbox"/> Algebra 2 Connections                  |   |

**CPM strongly recommends that when you initially teach a CPM course, you:**

- Participate in the CPM sponsored workshop sessions available throughout the country.
- Use the materials in the manner described in the teacher notes, newsletter and workshops.
- Use alternative approaches to assess for understanding.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please Sign me up for the CPM Forum *(Check if you want to be included)*

**Please return completed form to:**

Jane Bradley  
CPM Educational Program  
1233 Noonan Drive  
Sacramento, CA 95822

Phone: (916) 681-3611  
FAX: (916) 444-5263