



An exceptional professional development opportunity presented by:  
 South Carolina Governor's School for Science & Mathematics  
 and SC GEAR UP



SOUTH CAROLINA  
 GOVERNOR'S SCHOOL  
 FOR SCIENCE  
 & MATHEMATICS

## 2008 Summer Institute for Teaching Mathematics

PLEASE TYPE OR PRINT CLEARLY.

Name

\_\_\_\_\_

Title (Mr., Ms., Mrs., Miss, Dr.)      Last      First      Middle Initial

Name of School where employed \_\_\_\_\_

\_\_\_\_\_ SC \_\_\_\_\_

Street Address      City      State      Zip Code

Work E-mail Address \_\_\_\_\_

Residence

\_\_\_\_\_

(Area Code) Telephone Number      Street Address

\_\_\_\_\_

City/State/Zip Code      Home E-mail Address

Male \_\_\_\_\_ Female \_\_\_\_\_      US Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of years of experience teaching math \_\_\_\_\_

Math courses taught \_\_\_\_\_

Grade(s) and Courses taught 2007-2008 school year \_\_\_\_\_

Highest degree earned \_\_\_\_\_ Area of Specialization \_\_\_\_\_

Preferred Session(s): \_\_\_\_\_ **Algebra I: June 16–19**      \_\_\_\_\_ **Geometry: June 23–26**

(select one)

\_\_\_\_\_ **I would like to attend both sessions.**

- **Early registration deadline is Monday, April 21, 2008.**
- **Registrations after this date will be accepted only if space is available.**
- **A \$100 deposit, refunded upon the completion of the institute must accompany the registration form.**

### Registration Agreement

I affirm that the information I have provided here is true, accurate, and complete. I understand that a \$100 deposit is required to reserve my place in each session I request, and this deposit will be refunded to me upon the completion of each session. If I am not able to attend my session due to an unexpected circumstance, a refund of my deposit will be considered only upon the submission of a written request.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## INSTITUTE NOTES

- Registration is on a first-come-first-serve basis.
- A deposit in the form of a check for **\$100 per each session** should accompany the completed registration form and be mailed to:

**Demetria Atkins  
GSSM Office of Outreach  
401 Railroad Ave  
Hartsville, SC 29550**

- The check should be made payable to **GSSM**.
- The deposit will be refunded to attendees at the completion of the Institute. If a registrant cannot attend their Institute session, they must submit a written request for refund consideration or lose their deposit.
- All written requests for deposit refunds must be submitted before June 30, 2008 to Demetria Atkins at the GSSM Office of Outreach.
- You will be promptly notified of your acceptance into the institute.
- Information regarding available overnight accommodations is on the next sheet. **Please understand that the grant allows for a maximum reimbursement of \$54.00 per night per person for four nights per each institute attended.** At this time, rooms are available at each listed hotel; however, as rooms in the immediate Hartsville area are of limited supply, I would encourage you to make a reservation at your earliest convenience.
- Upon acceptance into the institute, you will be mailed more specific information regarding the Institute.
- Please direct any Institute concerns or questions to

Demetria Atkins  
Coordinator of Professional Development & SC GEAR UP  
GSSM Office of Outreach

[atkins@gssm.k12.sc.us](mailto:atkins@gssm.k12.sc.us)

843 383.3901 ext.3941

fax: 843 383.3950

