

AIMS 2009 Summer SPLASH Registration

PARTICIPANT INFORMATION

To be filled out for each attendee

NAME

Administrator

Teacher

Staff

Other

Grade _____ Subject _____

SUMMER ADDRESS

CITY/STATE/ZIP

SUMMER PHONE

EMAIL

BILLING INFORMATION

SCHOOL DISTRICT

BILLING ADDRESS

CITY/STATE/ZIP

PHONE

CONTACT EMAIL

REGISTRATION SUMMARY

Full payment or purchase order due by June 23, 2009

SPLASH RATES

AIMS Conference Rate (after June 8-\$195) \$175 X _____ = \$ _____

Network Rate (after June 8-\$165) \$140 X _____ = \$ _____

Network School Code

Full-time University Student Rate \$ 40 X _____ = \$ _____

TOTAL BALANCE DUE BY JUNE 23, 2009 \$ _____

Please make check payable to AIMS

Return applications to:

AIMS Summer SPLASH
510 Devonshire
Champaign, IL 61820
Phone: 217/333-7104 Fax: 217-333-2440
bjroth@uiuc.edu