

Online registration/payment available at ed.fnal.gov/workshop-regist/

Fermilab Teacher Workshop Registration Form

PRINT the name of the workshop(s) attending:

First and Last Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Home Email _____

Home Phone _____

School Name _____

School Street Address _____

City _____ State _____ Zip Code _____

School Email _____

School Phone _____

Grade level(s) you currently teach _____

Fee(s) Due: _____ (Include fees to attend **workshop only**. Additional fees for the optional graduate credit will be collected on the first day of each workshop.)

Check Payment Method:

- ☐ Check made payable to Fermilab
- ☐ School district Purchase Order number _____ Exp. Date _____
- ☐ Visa, MasterCard or Discover number _____
- Exp. Date _____ Signature _____

Options:

- Mail your form and check to:
Fermilab Education Office
Post Office Box 500, MS 777
Batavia, IL 60510-5011
- Fax your form and payment to 630-840-2500.
- Questions? Email edreg@fnal.gov or call 630-840-5588