

REGISTRATION FORM

SOS/AAPT SPRING 2011 MEETING
OHIO UNIVERSITY - LANCASTER
SATURDAY, APRIL 28, 2012

NAME _____ E-MAIL _____

INSTITUTION _____ PHONE (____) _____

ADDRESS _____

ZIP _____

Meeting registration

- | | |
|---|---------------|
| <input type="checkbox"/> SOS/AAPT Member registration | \$10.00 |
| <input type="checkbox"/> SOS/AAPT Nonmember registration (includes one-year membership) | \$20.00 |
| <input type="checkbox"/> Student or Retired registration | <u>No Fee</u> |
| <input type="checkbox"/> First-time attendee high school teacher registration | <u>No Fee</u> |
| <input type="checkbox"/> Lunch | \$10.00 |

Workshop registration (workshops filled on first registered-first served basis)

- | | |
|--|---------------|
| <input type="checkbox"/> Workshop with Dave Maloney | <u>No Fee</u> |
| <input type="checkbox"/> Make & Take Workshop (Bill Reitz) | \$ 5.00 |

TOTAL _____

Yes! I would like to present a contributed paper. I will e-mail my title and abstract (150 words or less) to Sandy Doty (dotys@ohio.edu) no later than April 20, 2012

Yes! I would like to share an idea in the "How I Do It" session. I will e-mail my title to Sandy Doty (dotys@ohio.edu) no later than April 20, 2012.

Checks should be made payable to SOS/AAPT and returned with this form to

Dr. Sandy Doty
Ohio University Lancaster
1570 Granville Pike
Lancaster, Ohio 43130

You may also return your registration by e-mail (dotys@ohio.edu) or FAX (740.687.9497) and make your payment on-site at the meeting.