



Fall 2009 – Spring 2010 SIRC Registration Form

Name _____ Nickname _____

Home Mailing Address _____

City _____ State _____ Zip _____

Email _____ Home Phone _____

School Name _____ District _____ Grade _____

Special Needs (Dietary/Disability) _____

Step 1: Choose ONE workshop for each date you will attend.

	Fall 2009 Schedule			Spring 2010 Schedule			
Workshop	Oct. 6	Nov. 3	Dec. 8	Jan. 26	Feb. 23	Mar. 23	May 11
3rd / 4th / 5th Science							
Strand A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strand B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earth Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biology / Life Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physics / Chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Determine Workshop Fees

- All 7 Dates - \$260 \$ _____
- _____ Individual Dates - \$40 each \$ _____

Step 3: Determine CEU Fees if desired

- Fall Series 0.9 CEU's (\$100) (includes \$55 CCE CEU fee) \$ _____
- Spring Series 1.2 CEU's (\$100) (includes \$55 CCE CEU fee) \$ _____

Birthdate (required for CEU's)

Step 4: Add all fees \$ _____ Total Amount

Step 5: Select Type of Payment

- Check enclosed, payable to: MASE Center
- Purchase Order enclosed, payable to MASE Center PO # _____
- Charge my: Visa Mastercard

Cardholder Name: _____ Billing Zip: _____

Credit Card #: _____ Exp. Date: _____

Signature: _____

Payable to: MASE Center, 6000 J Street, Sacramento, CA 95819-6125
Fax to: (916) 278-4770 or call Debbie Dennick at (916) 278-4497 for questions.