



Region IV Mathematics Consortium Fall 2015 Conference

Teaching in a Sea of Change: Featuring Dr. Jennifer Suh and Dr. Padhu Seshaiyer

Sponsored by



**Battlefields of Northern Virginia Council of Teachers of Mathematics
and
Northern Virginia Council of Teachers of Mathematics**



Saturday, November 7, 2015

Registration and Continental Breakfast 7:30 - 8:15 a.m.
Keynote and Conference Sessions 8:15 - 1:15 p.m.

Liberty High School

6300 Independence Avenue, Bealeton, VA 22712

Registration: Conference registration must be submitted based on the school division in which each registrant is employed.

Registrants based in the following school divisions* should submit a check for the full amount of fees made out to BNVCTM and return with the form below by Friday, October 23, 2015 to Kelly Pratte, BNVCTM Treasurer, Fitzgerald ES, 15500 Benita Fitzgerald Drive, Woodbridge, VA 22191.		Registrants based in the following school divisions* should submit a check for the full amount of fees made out to NVCTM and return with the form below by Friday, October 23, 2015 to Gail Chmura, NVCTM President, 5214 Monroe Drive, Springfield, VA 22151	
Prince William County	Orange County	Fairfax County	Frederick County
Culpeper County	Page County	Alexandria City	Loudoun County
Fauquier County	Rappahannock County	Arlington County	Winchester City
Madison County	Shenandoah County	Clark County	
Manassas City	Warren County	Falls Church City	
Manassas Park			
Please refer questions to Katherine Meints at meintskj@pwcs.edu .		Please refer questions to David Van Vleet at dvanvleet@fcps.edu .	

*Registrants not based in any of the divisions listed may submit payment to either BNVCTM or NVCTM

Pre-registration is highly encouraged and must be received by **October 23, 2015**. Refunds will not be available after this date.

Recertification points: All attendees will earn five Virginia Recertification points for attending the full conference.
Presenters will earn 15 recertification points. Certificates of attendance will be available to all attendees.

REGISTRATION FORM

Name: _____ Phone: _____

School Division/School: _____ E-mail: _____

Mailing Address: _____

Circle your grade band: K-2 3-5 6-8 9-12 other

Please check one:

I have enclosed cash/check/Purchase Order for \$10.00 per participant.
[If enclosing payment for a group, please attach a list of names.]

I am a Presenter at this conference (fee paid)