



Teacher Registration Form
Photonics Workshop
Saturday, February 11, 2006
Pomona College



The workshop is limited to the first 24 teachers who register. Pomona College will provide continental breakfast and lunch for all participants. A \$20 **refundable** fee is required by **February 3** to reserve your space at the workshop. Please make checks payable to Pomona College. Checks will be returned to you at registration.

Teacher name: _____

Home telephone: () _____ Work telephone: () _____

Email: _____

Home address: _____

City: _____ State: _____ Zip: _____

High school/institution where employed: _____

School/institution address: _____

City: _____ State: _____ Zip: _____

I teach (check all that apply): Physics Chemistry Biology Earth Science
 Other _____

Yes, I have enclosed the \$20 check for the workshop reservation.

Please return the completed form by February 3 to:
Linda Clougherty, CIPT, 632 Clark Hall, Ithaca, NY 14853 **OR**
Fax to 607-255-5579 **OR** cipt_contact@cornell.edu