

California Lesson Study Conference 2009

June 7-8, 2009

Name: _____ Title _____

School/Organization/Affiliation _____

Address: _____

City: _____ State: _____ Zip code: _____

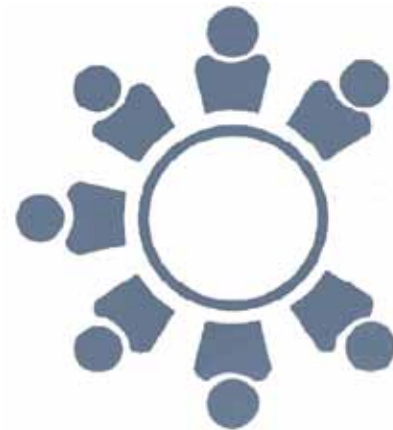
Phone: _____ Email: _____

Special Needs – Dietary/Disability (Please indicate by April 30): _____

Breakout Session Strands

Please check one or more strands that are of most interest to you:

- | | |
|---------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Elementary Math | <input type="checkbox"/> Elementary Science |
| <input type="checkbox"/> Secondary Math | <input type="checkbox"/> Secondary Science |
| <input type="checkbox"/> Introduction to Lesson Study | <input type="checkbox"/> Research on Lesson Study |
| <input type="checkbox"/> Managing lesson Study Programs | <input type="checkbox"/> Administrators and Lesson Study |
| <input type="checkbox"/> Other Academic Areas _____ | |



Registration fees

Conference registration includes lodging at Asilomar, parking, meals and conference materials. You have several choices of lodging which will affect the fee. Please visit www.visitasilomar.com/lodging.aspx for more information about the different room types.

Please select from these reservation prices:

Registration Deadlines	Room Type	Single Room	Double Room Each Person
Before 5/06/09	Historic	\$200	\$150
	Standard	\$245	\$165
Beginning 5/07/09	Historic	\$225	\$175
	Standard	\$270	\$190

Before 5/06/09 **without lodging** \$95 (meals and registration only)
 Beginning 5/07/09 **without lodging** \$120 (meals and registration only)

I am selecting reservation price \$ _____. For double occupancy, I would like to request my roommate: _____

Method of Payment

You must select a payment option and initial below in order to be registered.

Notice: This is a binding payment agreement which reserves the enrollment space in the California Lesson study Conference for the person listed. Upon receipt of this form, we will consider the person formally enrolled. The signer may be liable for any cost incurred for collection of fees. _____
 (Please initial)

Select a payment method from the following:

- Check enclosed. Amount \$ _____ Check # _____
- Purchase Order (Attach a copy). PO# _____
- Credit Card Payment.

If you are paying by credit card, visit <http://www.brownpapertickets.com/event/61357> and then mail, fax, or email a copy of this registration form to the address below in order to complete the process.

If paying with a check or purchase order, make it payable to *Monterey Bay Science Project* and send it with a printout of your registration to:

Monterey Bay Science Project
Life Lab Science Program
1156 High Street
Santa Cruz, CA 95064
Attention: Lesson Study Conference

(831) 459-5395 and FAX (831) 459-3483

conference@calessonstudy.org