

BIOLOGY TEACHER REGISTRATION FORM

BIOSCIENCE DAY

INNOVATIONS IN BIOLOGY EDUCATION SYMPOSIUM

November 13, 2007

<http://bioscienceday.umd.edu/>

Name: Email address: Home address and phone:	Years of Secondary School teaching: Courses you regularly teach: Degrees attained and major(s) for each degree:
Secondary School: County:	
Please indicate what you would most like to get out of this workshop	
How do you plan to disseminate information from the workshop to other teachers at your home school?	
Your signature:	Principal's name: Principal's signature:
**MILEAGE Reimbursement: If you drive 15 miles or further to the University, you can be reimbursed. Please complete the attached "Travel Expense" under "Itinerary" and return with your registration or bring with you to the conference. **	
Return by mail or fax to: Dr. Marcia Shofner 1326 Symons Hall College of Life Sciences College Park, MD FAX: 301-405-1655	For more information contact: 301-405-7678 mshofner@umd.edu