

## AAPT/PTRA INDIVIDUAL PARTICIPANT INFORMATION FORM

*Dear Workshop Participant, Please complete the requested information.*

(Information needed for AAPT/PTRA documentation, and will not be shared with anyone.)

Title of Workshop: \_\_\_\_\_ Date(s) of Workshop: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
*Last* *First* *MI*

Social Security Number (Only if stipend is to be paid): \_\_\_\_\_

Location of Workshop: \_\_\_\_\_

Your e-mail Address: \_\_\_\_\_

*Dear workshop participant: If you have already attended another AAPT/PTRA workshop this year (i.e., from August 2009 to August 2010), it is not necessary to complete the rest of this form unless you have moved or teach at a different school since last workshop you attended. If you wish to make suggestions and/or comments about this workshop and/or the AAPT/PTRA Project, you are welcome to use other side of this form.*

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Name of School: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_  
 \_\_\_\_\_

1. Indicated ethnic group that describes you best.  
 Asian [ ]      Black [ ]      Hispanic [ ]      White [ ]      Other: [ ]
2. Are you Female [ ] or Male [ ]?
3. Description of your school: (Check one in each of the three Categories #1, #2, and #3 below.)

CATEGORY #1	CATEGORY #2	CATEGORY #3
	<input type="checkbox"/> Elementary	<input type="checkbox"/> Rural
<input type="checkbox"/> Private	<input type="checkbox"/> Middle/Jr. High School	<input type="checkbox"/> Suburban
<input type="checkbox"/> Public	<input type="checkbox"/> Senior High School	<input type="checkbox"/> Urban
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

4. I certify that the above information is correct. Signature: \_\_\_\_\_

5. Which AAPT/PTRA workshop(s) are you most interested in attending? If available, see AAPT/PTRA Brochure.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

[ SPACE FOR OPTIONAL COMMENTS/FEEDBACK ON REVERSE SIDE ]

