

AAPT/PTRA VERNIER REPORT FORM¹

Title of Workshop: _____ Date(s): _____

Location of Workshop: _____ Total Length of Workshop (in hours): _____

Name of PTRAs submitting this form: _____

Item (If needed, provide description) given to workshop participants: Physics with Video Analysis

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Please send this form by mail, fax or email to John Gastineau
 MAIL: John Gastineau
 Vernier Software & Technology
 13979 SW Millikan Way
 Beaverton, OR 97005-2886
 FAX: (503) 277-2440
 E-Mail jgastineau@vernier.com

| | Participant Name Please Print | School Name | School Address | School Phone | E-mail Address |
|-----|----------------------------------|-------------|----------------|--------------|----------------|
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¹ Spreadsheet listings all participants and information can be used in place of this form and send by email to John Gastineau <jgastineau@vernier.com>. If you can send before workshop begins that would help.