



American Association of Physics Teachers  
American Institute of Physics  
One Physics Ellipse, College Park, MD 20740  
301.209.3340 • fax 301.209.0845 • programs@aapt.org

**To be completed by Teacher or Exam Proctor ONLY.**

Name \_\_\_\_\_ AAPT ID \_\_\_\_\_  
School \_\_\_\_\_ CEEB Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Country (if not USA) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
School Email Required\* \_\_\_\_\_  
Other Email \_\_\_\_\_  
Ship printed materials to \_\_\_ School address above \_\_\_ School Distribution Center (add address below)  
School Distribution Center \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Country (if not USA) \_\_\_\_\_

**Step 1. Register your school**

\_\_\_ Teacher is an AAPT Member – \$25  
\_\_\_ Teacher is NOT an AAPT Member – \$35

**Step 2. Choose Exam Type**

\_\_\_ WebAssign (\$4 per student)  
\_\_\_ Downloadable PDF (\$8 per student)

**Step 3. Indicate number of students participating**

Number of Students \_\_\_\_\_

**Use WebAssign for Practice Exams**  
For instructions on how to use WebAssign for practice (or for printable exams), go to  
<http://www.aapt.org/physicsteam/registration.cfm>

**Payment Information. If paying by credit card, you will need to register online.**

\_\_\_ Check Enclosed \_\_\_\_\_ School Registration Fee \$ \_\_\_\_\_  
*Check Number*  
\_\_\_ Purchase Order \_\_\_\_\_ Number of Students x Cost per Exam \$ \_\_\_\_\_  
*P.O. Number* Processing Fee \$ **10.00**  
A copy of the purchase order must be submitted with this form. Total Amount Enclosed \$ \_\_\_\_\_

**Mail form to: AAPT U.S. Physics Team, One Physics Ellipse, College Park, MD 20740-3845**