

AAPT/PTRA PERIMETER INSTITUTE REPORT FORM¹

Title of Workshop: _____ Date(s): _____

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

Name(s) of AAPT/PTRA Site's PTRAs: _____

Item(s) provide without charge to AAPT/PTRA workshop participants:

Check those that apply:

- The Mystery of Dark Matter**
- Challenge of Quantum Reality**
- GPS & Relativity**

Please send this form by mail, fax or email to Anne Little (if possible before your PTRAs institute.)
 MAIL: 31 Caroline Street North
 Waterloo, ON N2L 2Y5
 Canada
 FAX: (519) 569-8930
 EMAIL: alittle@perimeterinstitute.ca

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	Participant Name Please Print	School Name	School Address	School Phone	E-mail Address
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

¹ Spreadsheet listings all participants and information can be used in place of this form and send by email to Anne Little <alittle@perimeterinstitute.ca>. If you can send before workshop begins that would help, otherwise send as soon as possible after workshop.