

American Association of Physics Teachers® American Institute of Physics

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Registrant Information (Teacher, Proctor or Parent)

Name			
City, State, Zip		Country	
Phone School Email (Required)*			
• What is your r	relationship to the student(s)		
Please provide the proctor's co			
Proctor Name	Company/School		
Proctor Street Address			
Proctor City, State, Zip			
Proctor Email Address			
• A password proto • Proctors will rec • After the exam, • Step 1. Register your schoo Teacher is an AAPT	weive Scantrons by mail 3 to 5 of completed Scantrons will need	structions will be sent to the proctor's email address. days prior to selected exam date. It to be mailed to our external scorer at your expense. Registration Deadline Dec. 3, 2019	
Step 2. Choose Exam Date a	and Number of students (\$10 per s	student)	
January 23, 2020	# of students	S	
January 28, 2020	# of students	S	
Payment Information.	(If paying by credit card, you	u will need to register online.)	
Check Enclosed	Check Number	School Registration Fee \$	
Purchase Order	P.O. Number	Number of Students x Cost per Exam \$	
		Processing Fee \$_10.00	
A copy of the purchase order must be submitted with this form.		Total Amount Enclosed \$	

Form can be returned via mail, fax, or email to the address at the top of this page.