

The Museum Education Institute Workshop for Teachers

Evolution in the Classroom

Friday AND Saturday, February 3 and 4, 2006

8:30 AM to 5:00 PM

Application Form *

Today's Date _____

For Payment Information - See side two

Name _____

Address _____

Phone _____

e-mail _____

School Name _____

County where your school is located _____

Address _____

Years of teaching experience _____

Grade Level _____

What would you like to achieve in this workshop? _____

Your Current Professional Status (select one)

_____ • Full or part time employed teacher, administrator, or licensed personnel

_____ • Substitute teacher, retired teacher, SED employee or teacher's aide/assistant

_____ • Other _____

Return this form to:

New York State Museum

Room 3140

Cultural Education Center

Albany NY 12230

For More Information contact:

V Fish

Phone: (518) 474-5817

Fax: (518) 486-2034

vfish@mail.nysed.gov

***Participation is limited; eligible applications accepted in the order received**

The State Education Department/The University of the State of New York

The Museum Education Institute Workshop for Teachers

Payment Information - Evolution in the Classroom

**Friday AND Saturday, February 3 and 4, 2006
8:30 AM to 5:00 PM**

Workshop Location: New York State Museum, Empire State Plaza, Albany NY 12230

Eligibility and Application: high school and middle school science teachers

Participant Fee: \$25 for constituents of *The Greater Capital Region Teacher Center*;
\$50 for all others

**Teacher In-service Credit for 15 contact hours will be given to participants through
*The Greater Capital Region Teacher Center***

**Please make checks payable to: The Museum Education Institute
3140 Cultural Education Center • Albany NY 12230**

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For your convenience we are accepting credit cards for this Teacher Workshop.

Please complete the following information if you wish to charge your donation:

(check one)

Visa Master Card American Express Discover

CardNumber _____ Expiration Date _____

Signature _____

Name _____
[Please print]

Address _____

City _____ State _____ Zip Code _____

() _____ Home Phone () _____ Business Phone

Email Address: _____

**Please return application and payment to: The Museum Education
Institute, 3140 Cultural Education Center, Albany NY 12230.**

The New York State Museum is a program of
The State Education Department/The University of the State of New York