



CSET

Algebra & Number Theory



(Fall 2009)

The CSUSB Inland Counties Math Project, a branch of the California Mathematics Project, will conduct an institute in Algebra and Number Theory to review the mathematics content covered on the CSET I test. Participants will receive various materials for this class. The registration fee is \$550.00, which covers the workshop, materials, parking and refreshments.

For FAQ's about the CSET institutes, please visit our website <http://icmp.math.csusb.edu/pages/cset.php>

Dates	Time	Dates	Time
Monday, October 5, 2009	4:30p.m. - 8:30p.m.	Wednesday, October 21	4:30p.m. - 8:30p.m.
Wednesday, October 7, 2009	4:30p.m. - 8:30p.m.	Monday, October 26, 2009	4:30p.m. - 8:30p.m.
Monday, October 12, 2009	4:30p.m. - 8:30p.m.	Wednesday, October 28	4:30p.m. - 8:30p.m.
Wednesday, October 14	4:30p.m. - 8:30p.m.	Monday, November 2, 2009	4:30p.m.- 8:30 p.m.
Monday, October 19, 2009	4:30p.m. - 8:30p.m.	Wednesday, November 4	4:30p.m.- 8:30 p.m.

All sessions of the institute will be at: **California State University at San Bernardino**
5500 University Parkway
Room: TBA
San Bernardino, CA 92407

Cost of workshop: \$550.00

Credit: Four Math quarter units of College of Extended Learning are available.

Registration Deadline: September 23, 2009
(Late registration possible if there are openings)

Instructors: G. Lloset- CSUSB; C. Cronk-SBCSS

To Register: Send an email to Sarah Winter at swinter@csusb.edu with the following information (all sections must be filled for a complete registration):

(IMPORTANT: You must note in your email that you are registering for the CSET I: Algebra and Number Theory institute)

- Name (first and last):
- District:
- Home Phone: (Include area code)
- Grade Level:
- Home Address:
- Email Address:
- School:
- City/State/Zip:

Please choose one of the following payment options:

1. PO/District Support Letter

- a. If your fees will be paid by your district, have them fax or mail us a completed District Support Letter. Our fax number and mailing address is located at the bottom of this page.
- b. The District Support Letter is located on the second page of this document.

2. Check

- a. Please make your check payable to **The Foundation for CSUSB**.
- b. Mail your check to the address listed at the bottom of this page.

3. Credit Card

- a. To obtain a Credit Card Charge form use the following URL:
<http://icmp.math.csusb.edu/media/creditcardcharge.pdf>
- b. Please mail us a completed Credit Card Charge form to the address listed at the bottom of this page.
WILL NOT ACCEPT FAXED COPIES OR MAILED COPIES. MUST MAIL THE ORIGINAL.

If you do not receive a confirmation email within 2 business days of submission of your registration, please contact our office at (909) 537- 5455 or by email at ICMP@csusb.edu. **Registration is tentative pending submission of PO or payment, and receipt of confirmation.**

(YOU WILL FIND our FAX number and Mailing Address on next Page)

District Support Letter

On behalf of _____ Unified School District, I support _____'s application to participate in the program offered by the Inland Counties Math Project (ICMP).

We confirm that this applicant follows district regulation for registration.

This District Support Letter guarantees the \$550 co-payment.

The Purchase Order number is _____,

OR

The PO will be supplied to ICMP by September 23, 2009.

Name of Institute: CSET I: Algebra and Number Theory (Summer 2009)

Signature: _____

Title: _____
(Assistant Superintendent of Curriculum, School Principal, or equivalent, or representatives.)

Printed Name _____ Date _____

Telephone number: _____

Email Address (please print clearly) _____

Either fax this letter to (909) 537-7006 or mail it to:

Inland Counties Mathematics Project
Department of Mathematics
California State University San Bernardino
5500 University Parkway
San Bernardino, CA 92407

Please make all checks out to ICMP/Foundation for CSUSB

