



EMPower Professional Development

extending mathematical power

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REGISTRATION FORM

EMPower Professional Development Summer Institutes

Attendee Name(s): _____

School/Program: _____

Type of Program (ABE, GED, other): _____

Contact Address: _____

Contact Email(s): _____ Contact Phone : _____

I am interested in the Louisville, KY Institute (July 17 & 18).

I am interested in the Cambridge, MA Institute (August 14 & 15).

**The registration fee for the two-day Institute is \$150 per person per day*.
This fee includes all materials and textbooks.**

Number of attendees: _____ x \$150/day/attendee = \$ _____

Please mail your check or Purchase Order (made out to TERC), along with your completed registration form to:

Attn: Sherry Soares, EMPower Workshop Coordinator
TERC, Inc. , 2067 Massachusetts Avenue, Cambridge, MA 02140

**For additional Institute information or general questions about EMPower, please
email empower@terc.edu.**

**Priority will be given to those attending both days of an Institute. We are accepting one-day registrations on a space-available basis.*