

EPaDel Fall Meeting – November 7, 2009

University of the Sciences in Philadelphia

Name: _____

First time attendee?

Email: _____

Yes No

School: _____

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Business, industry, gov-
ernment | <input type="checkbox"/> Faculty member at an institution with highest degree
offered by your department: | |
| <input type="checkbox"/> High school teacher | <input type="checkbox"/> Associate (or equivalent
program) | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Undergraduate student | <input type="checkbox"/> Bachelors | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Graduate student | | |

Are you an MAA member? Yes No

Registration Fee:	\$22.00 (\$25.00 on-site)	
	\$12.00 (students, emeriti, and unemployed)	
	\$12.00 (first time attendees)	
	\$0.00 (students who have submitted a talk)	\$ _____
Lunch:	\$11.00	\$ _____
		Total: \$ _____

Make your check for lunch and registration payable to **EPaDel**.

Please consider making a donation to the James P. Crawford EPaDel Teaching Award fund. We are seeking donations to permanently endow this fund. Make checks for these donations payable to the MAA.

Donation: \$ _____

REGISTRATION PROCEDURE

Send this form and your check made out to EPaDel to the address below.

EPaDel Registration
University of the Sciences in Philadelphia
Dept. of Math, Physics, and Statistics
600 S. 43rd Street
Philadelphia, PA 19104

PRE-REGISTRATION DEADLINE OCTOBER 23, 2009