

**Application Form for Participants**  
**MAA Professional Enhancement Program (PREP)**  
**200\_ Workshops**

The program costs as well as the costs of food and lodging during the workshop are covered by PREP. However, there is a registration fee for each workshop, and participants are responsible for their own transportation to and from the workshop site. Enrollment is limited so interested faculty are encouraged to apply early. A \$100 surcharge will be added to the workshop fee after the registration deadline. Payment (MasterCard, Visa, or check) must accompany application. For further information and registration deadlines, visit <http://www.maa.org/prep/2007>. If for any reason this workshop is cancelled, you will be notified by the registration deadline and you will receive a full refund of the registration fee. The MAA is not responsible for any fees you incur as a result of cancellation or changes in your travel arrangements. If you choose not to attend the workshop you must notify us prior the registration deadline. Cancellations made after this date are subject to a 50% administrative charge.

**Please select the workshop you are applying to attend**

Title of the Workshop \_\_\_\_\_ Date \_\_\_\_\_

Title of the Workshop \_\_\_\_\_ Date \_\_\_\_\_

Title of the Workshop \_\_\_\_\_ Date \_\_\_\_\_

**Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Institutional Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Institutional Information**

Institution Type:  Public  Private

AMS Classification:  Two-Year  Bachelors  Masters  Ph.D.

Other \_\_\_\_\_

**Participant Information**

Number of years at current institution: \_\_\_\_\_

Number of years teaching: \_\_\_\_\_

Job Track:	<input type="checkbox"/> Tenured	Job Title:	<input type="checkbox"/> Professor
	<input type="checkbox"/> Tenure-Track		<input type="checkbox"/> Associate Professor
	<input type="checkbox"/> Full-time, Not Tenure-Track		<input type="checkbox"/> Assistant Professor
	<input type="checkbox"/> Part-Time		<input type="checkbox"/> Postdoctoral
			<input type="checkbox"/> Lecturer/Instructor
			<input type="checkbox"/> Graduate Student

Highest degree attained:  Ph.D.  Ed.D.  Masters Year degree attained: \_\_\_\_\_

Highest degree subject:  Math  Statistics  Math Education  Other

Highest degree institution: \_\_\_\_\_

**Demographic Information (statistics used for NSF reporting purposes only)**

Gender:  Female  Male Age: \_\_\_\_\_

Race:  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  White/Caucasian

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Disability Status:  None  Hearing Impairment  Visual Impairment  
 Mobility/Orthopedic Impairment  Other \_\_\_\_\_

Citizenship:  US Citizen  Permanent Resident  Other non-US Citizen

How did you hear about these workshops?

MAA Online  MAA Department Liaison  FOCUS advertisement/article

PREP Brochure  Department Chair  Listserv  Colleague

Other \_\_\_\_\_

**Payment Information (must accompany application)**

MasterCard  Visa

Name as it appears on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Personal Check  Institutional Check (when paying by check, application must be mailed)

Note: Your payment will not be processed until you receive notification from the MAA that you are invited to participate in the workshop. Notifications will be emailed approximately one week after the registration deadline.

**To apply, fax, email or mail completed application form to:**

**The Mathematical Association of America  
PREP 2007  
1529 Eighteenth Street, Northwest  
Washington, DC 20036  
Fax: 202-483-5450 Phone: 202-319-8496 Email: skatz@maa.org**