



Lesson Planning for Real-World Mathematics Applications

June 15-17, 2011

Now more than ever students need the right tools to succeed; still, many students lack the crucial reasoning skills necessary to apply mathematics to other contexts. This workshop will use a curriculum integration model designed to enhance mathematics that is embedded across multiple career disciplines and Career and Technical Education content to help students be successful learners and enhance college and career readiness skills.



Registration Details:

- **Time:** 8:30 a.m. - 3:30 p.m. - June 15, 2011 and June 16, 2011
8:00 a.m. - 12:00 noon - June 17, 2011
- Registration 8:00 a.m. - 8:30 a.m. - each day
- **Registration Fee:** (*note fees include materials, continental breakfast and lunch all 3 dates. Dinner is on your own)
 - ✓ \$275.00 per person
 - ✓ \$250.00 per person - if district is registering more than 2 people from the same school
- **Location:** Wintergreen Resort & Conference Center • Wisconsin Dells • WI 53965
- For those wishing to stay overnight, a block of rooms has been reserved at the Wintergreen Resort & Conference Center. To reserve a room, please call 1-800-648-4765.
- **Registration Deadline:** June 1, 2011
- **Graduate Credit:** 1 graduate credit will be available for an additional \$200.00
- To register, visit http://www.cesa6.k12.wi.us/prof_dev/

Target Audience:

**Career and Technical Education Instructors,
K-12 Math Teachers, Curriculum Directors**

For Additional Information Contact: Tania Kilpatrick, CTE Coordinator - CESA 6 - 920-236-0531 - or - tkilpatrick@cesa6.org

Cancellation Policy: Any workshop registration cancellations must be received 48 hours before the workshop scheduled date, for a refund to be issued. Because attendance at most workshops has to be limited, persons registering for a workshop and not in attendance on the day of the workshop will be charged the full registration fee.

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Participant Name(s) _____

Position(s) _____ District _____

Phone (Work) _____ (Home) _____

Would you like to be notified by email of future CESA 6 training sessions? Yes No

Email Address _____ Special accommodations or dietary needs _____

Please check one:

- Check is enclosed, made payable to CESA 6
- Bill my School District, PO # _____
- Use my Conference Attendance Fund (CESA 6 employed staff ONLY)
- Credit Card Payment

Cardholder Name _____

Cardholder Address (include city, state ZIP) _____

Credit Card Type (VISA, MasterCard, etc.) _____

Credit Card Number _____

Expiration Date _____ 3 Digit Code on Back of Card _____

RETURN TO:

Debbie Pinkerton, Program Assistant, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568