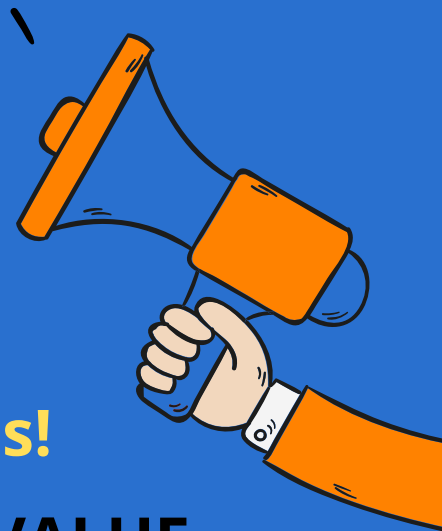


JANE & JOHN FELLING

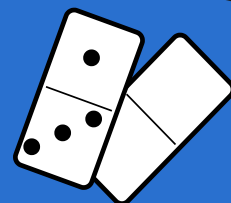
MATH GAMES



Four Sessions - Pick Your Favorites!

OCTOBER 3 - GRADES K - 2 - PLACE VALUE

OCTOBER 5 - GRADES 3 - 5 - PLACE VALUE



OCTOBER 17 - K - 2 - OPERATIONAL FLUENCY

**OCTOBER 19 - GRADES 3 - 5 - OPERATIONAL
FREQUENCY AND MULTI-DIGIT OPERATIONS**

**ALL FROM 3:30 - 5:00 PM CDT
ON ZOOM.US**



**ALSO AVAILABLE
ASYNCHRONOUSLY
ON-DEMAND**

**EACH SESSION
1.5 PD HOURS**



**OPEN TO TEACHERS
ACROSS THE US
AND CANADA**

**IL ASCD IS AN ISBE
AND CPS APPROVED
PROVIDER**

Jane Felling and John Felling Math Games

Live: October 3, 5, 17, 19 - 3:30pm-5:00pm CDT - On Zoom.us

Available on-demand until DEC 15, 2022



Organization/School

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Name/Position: _____

Email: _____

IL ASCD Membership # _____ IEIN # _____

If you need to add more names, please duplicate this registration form.

	Member IL ASCD Per head	1 Person Per head	2 People Per head	3 People Per head	Full-Time Student/Retiree Per head
One Session Or 2 or more Sessions each	___\$125	___\$174*	___\$164**	___\$154**	___\$50
	___\$99	___\$148*	___\$138**	___\$128**	___\$50

Contact Ryan Nevius at 618-203-3993 for district and school rates.

* Includes IL ASCD
Membership

** 2 or more attendees from the same school
district/organization. Does not include membership.

Conference Fees \$ _____

IL ASCD 1 year Membership Fee (add \$49) \$ _____

Total Registration Fees \$ _____

The registration deadline is one week prior to each workshop date. A \$15.00 fee will be charged for cancellations made in writing prior to the deadline. No refunds will be given after the deadline. Confirmation will be sent via e-mail after your registration is processed. Registrations can be transferred to another individual by faxing information to 309-438-5364 or by emailing: mdrhoa1@ilstu.edu

Payment Information:

(Payment or purchase orders MUST accompany registration form)

____ Check made payable to Illinois State University enclosed

____ Purchase order ENCLOSED. Purchase order #: _____

____ Charge Credit Card: __Master Card __Visa __Am/Ex __Discover
Account Number _____

Expiration: (Month/Year MM/YY) _____ and _____ 3 Digit CVV code _____

Name on Card _____

Please Schedule Me For
(Check dates)

____ OCTOBER 3

____ OCTOBER 5

____ OCTOBER 17

____ OCTOBER 19

Illinois ASCD is a CPS
Approved Provider: #24595

How to register:

Online: Use your Visa, MasterCard, Discover, or American Express card at <http://www.illinoisascd.org>

Call: 800-877-1478 or 309-438-2160,

Mon. - Fri. 8:00 a.m. - 4:30 p.m. and use your Visa, MasterCard, Discover, or American Express.

Mail: Send completed form with check or copy of PO to: **IL ASCD Felling Math**— Illinois State University, Conference Services, Campus Box 8610, Normal, IL 61790-8610.

Fax: Fax completed form to 309-438-5364 using your Visa, MasterCard, Discover, or American Express or a copy of school P.O.