

Implementation Strategies CCRS: Physics

Your Information:

First Name: _____
Last Name: _____
Email Address: _____

**Work
Information:**

Job Title: _____
School/College/University: _____
Address: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Work Phone: _____

- Yes , I will be a participant
- Yes, I would like to apply to be a session leader.

Please include a 250 word statement that addresses the Implementation of CCRS Standards: Physics.

Please return this form by July 15, 2010. Fax number 972-883-2440, email gwfair@utdallas.edu.

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