

Thinking Maps, Inc.

www.thinkingmaps.com

***Thinking Maps® with
Elementary Mathematics***

Training Date:

July 19, 2010

**8:30am - 3:30pm
Training**

Registration Fee:

\$150.00

Per Participant

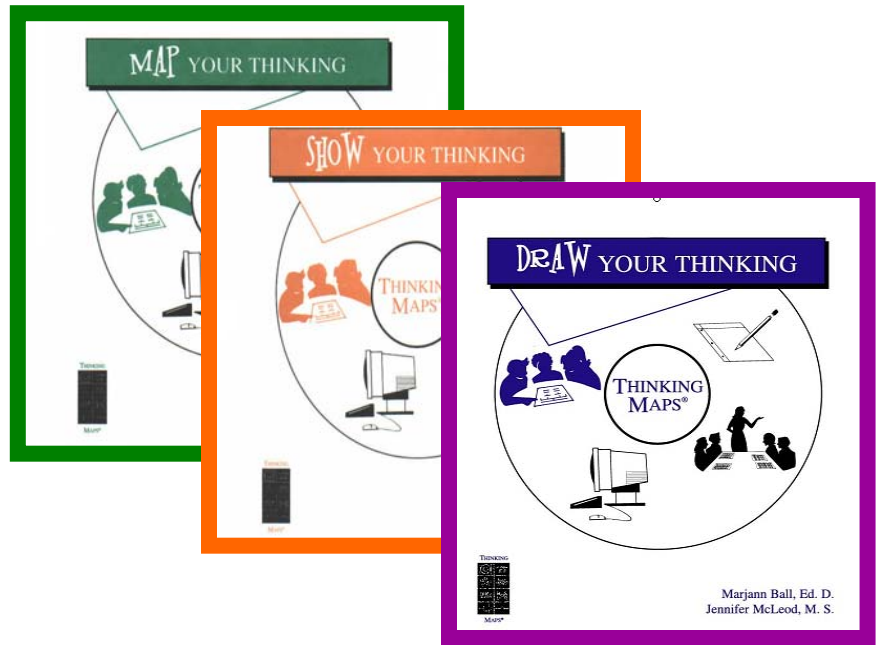
All training to be held at

Chase Suite Hotel

6791 Montana Avenue

El Paso, TX 79925

(915) 772-8000



**Elementary Mathematics with
Thinking Maps®**

**To attend this
training you
MUST
be trained and
proficient in the
use of *Thinking
Maps®***

**Registration
Deadline:
July 2, 2010**

This Training will Prepare you to:

- Learn to utilize an TAKS Math Test Item Specifications Strategy with Thinking Maps®
- Explore an alignment of the Math Big Ideas, Supporting Ideas, and Benchmarks with Thinking Maps®
- Learn how to incorporate Thinking Maps® into each of the K-5 Big Ideas with hands-on activities.
- Learn direct and indirect vocabulary strategies for teaching mathematical terms.

Registration Form (El Paso, TX—July 19, 2010)

\$150.00
Registration Fee
Includes:

- 6 hour day of Professional Development
- Continental Breakfast
- Grade Level Appropriate Resource Manual
- Support Materials

**Registration
Deadline:
July 2, 2010**

Name: _____

District: _____

School: _____

School Address: _____

Home Address: _____

Phone #: _____

Email: _____

Resource Manual Preference (**Check Only One**)

_____ PreK-K or _____ Grades 1-2 or _____ Grades 3-5

A Confirmation Letter will be mailed to the above address.

Actual Date for Training: July 19, 2010
Elementary Mathematics

**Questions?
Contact**

**Ric Gonzalez
Texas Marketing
Representative**

rgonzalez@thinkingmaps.com

210-861-2424

or

Thinking Maps Inc.
401 Cascade Pointe Lane
Cary, NC 27513
Fax: (919)678-8782
Ph: (800)243-9169

*10 days advance notice in writing via email
(dan@thinkingmaps.com) or fax (919-678-8782) is re-
quired for any cancellations/refunds. Registrations will
not be refunded, and districts will be billed for “no shows”.*

**A purchase order or check must accompany this regis-
tration form. Please return your registration and pay-
ment to the address to the left.**

Administrator’s Signature

Date