## CBMS

National Summit on the Mathematical Education of Teachers
Tysons Corner Doubletree Hotel, November 2 and 3, 2001
Team Name (Sponsoring Institution(s)) $\qquad$
Number of Team Members $\square$
Team Leader (Primary Contact Person)
Name
Address
More Address
City
Phone
Email

## Additional Team Members

Name
Address
More Address
City
Phone
Email
Name
Address
Address
City
Phone
Email
Name
Address
More
City
More
Phone
Email

## Please answer the following questions.

1. How many graduates of your institution each year intend to become
a. Elementary or middle school teachers?
b. High school mathematics teachers? $\square$
2. How many semester hours of mathematics content courses are required for graduation by your prospective
a. Elementary school teachers?
b. Middle school teachers?
c. High school mathematics teachers?

3. What are the major issues faced by your program in the mathematical education of teachers?
$\square$

## Hotel Information

For each team member, place a check mark for which nights he or she will require a hotel room.


Please list the names of any persons who will be sharing a room and/or any special requirements.
$\square$
Please indicate the total number of room nights for which you will need support. $\square$

