REGISTRATION FORM

2017 WISCONSIN SECTION M.A.A
HIGH SCHOOL MATHEMATICS CONTEST

1. Please print or type designated recipient of examinations and future correspondence.

Name: ____________________________________________

Name of School: ____________________________________

Street Address ______________________________________

City, State, Zip Code _________________________________

Email: _____________________________________________

2. Registration fee is based on current high school enrollment:

Up to 500: $11.00
501-1000: $22.00
1001-1500: $33.00
Over 1500: $44.00

Amount enclosed: $________________

3. Make check payable to: MAA – Wisconsin Section.

Payment must be sent with this form.
Checks Only – No Purchase Orders please!

4. Mail this form and payment by October 20, 2017 to:

Dr. Jay H. Beder
Department of Mathematical Sciences
University of Wisconsin-Milwaukee
P.O. Box 413
Milwaukee, WI 53201-0413

6. Please note: the payee and the addressee are not the same!

Checks made out to Jay Beder or UW-Milwaukee will not be cashed.
Forms mailed to MAA–Wisconsin Section will probably get lost in the mail.