



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.