

 **REGISTRATION FORM** 

**2019 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 **November 13, 2019** to:

Dr. Kevin J. Haertzen
Department of Mathematics
University of Wisconsin-Platteville
One University Plaza
458 Gardner Hall
Platteville, WI 53818-3099

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

Checks made out to Kevin Haertzen or UW-Platteville will *not* be cashed.
Forms mailed to MAA–Wisconsin Section will probably get *lost* in the mail.