

# SCIENCE INQUIRY PROFESSIONAL DEVELOPMENT ACADEMY REGISTRATION

Name \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_

Grades taught \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone (optional) \_\_\_\_\_

Email \_\_\_\_\_

**For more information, please contact:**

Carol Bock at the Montana Learning Center      OR  
cbock@montanalearning.org  
406.475.3638

Beth Thomas  
science-chick@hotmail.com  
406.899.2300

**Please mail completed registration form by June 1, 2010 with your non-refundable and \$100 deposit payable to MLC to:**

Montana Learning Center  
7653 Canyon Ferry Road  
Helena, MT 59602