

# Teaching Students Astronomy: Where In The Heck Is Earth Anyway?

**Dates:** June 11 – June 15<sup>th</sup>

**Location:** Emery High School, Castle Dale, Utah (Science Wing)

**Credit:** USOE or Utah Valley State College

**Instructors:** TBA

## Course Contact Information:

Duane Merrell, 801-422-2255 [duane\\_merrell@byu.edu](mailto:duane_merrell@byu.edu)

Richard R. Tolman 801-863-6229 [tolmanri@uvsc.edu](mailto:tolmanri@uvsc.edu)

## Registration Fee and Deposit:

\$275 **Registration fee to:** Emery County School District

\$50 **Deposit to:** Utah Valley State College

## Send registration form and deposit to:

Richard R. Tolman, Ph.D.

Professor of Biology

224 Science Building, Mail Code 179

Utah Valley State College

800 West University Parkway

Orem, UT 84058

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**Course Description:**

The course will focus on learning and teaching astronomy. This week long physics course will include inquiry style of learning with methods to reach and engage students in the study of Astronomy. Fabulous evening viewing opportunities occur each evening of the week long course.



# 2007 Science Professional Development Registration Form

*(Duplicate as Necessary)*

**Mail to:**

**Workshop Contact:**

**Sessions fill on a first-come basis. Register early to secure your place.**

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

**Contact Information:**

Teacher: \_\_\_\_\_  
 District: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Grade Level/Subject: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 School phone: \_\_\_\_\_  
 CACTUS # : \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_  
 \_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

- PERSONAL** Check # \_\_\_\_\_ enclosed **OR**
- SCHOOL** \_\_\_\_\_ **OR**  
Principal
- DISTRICT** \_\_\_\_\_  
District Representative

*\*Please contact your school or district to determine if approval is needed prior to registration.*

Bill to This Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Return this completed registration form and your refundable deposit check to the workshop contact listed above.*

**A separate registration form must be submitted for each workshop you plan to attend.**