

INVERTEBRATE ZOOLOGY

Dates: July 16-20, 2007

Location: Weber State University with field trips

Credit: USOE or 3 semester hours (MEDUC 6660/ Invertebrate Zoology)

Instructor: Dr. John Mull

Instructor Contact Information: Dr. Mull (jmull@weber.edu)

Registration Fee and Deposit: \$275 registration fee; \$40 deposit payable to WSU

Send registration form and deposit to:

Dr. Sharon Ohlhorst
Center for Science and Mathematics Education
Weber State University
2509 University Circle
Ogden, UT 84408-2509
(801-626-6160); csme@weber.edu

Registration Contact Information:

Dr. Sharon Ohlhorst or Jodie Kempton : csme@weber.edu; 801-626-6160

Course Description:

We will spend the week exploring a variety of aquatic and terrestrial habitats of Northern Utah in search of their diverse and abundant invertebrates. Our excursions will take us to the subalpine meadows and forests of the Wasatch Range, the Great Salt Lake and its adjacent marshes, and the Great Basin Desert. Participants will learn about the biology and identification of common invertebrate groups. They will also learn to use these animals with their students to explore the scientific process and demonstrate basic scientific concepts and principles. There will be several day trips originating from the Weber State University campus.



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** _____ *Principal* **OR**
- 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.