

# Upper Midwest Geospatial Technologies in the Classroom Workshop

## Registration

Name: \_\_\_\_\_ School or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Summer Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Check number: \_\_\_\_\_ (Due by May 31) or School PO#: \_\_\_\_\_  
(Attach PO to registration)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code ( )

Name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

In order to best prepare a workshop for your experience we would like to know a little about your background:

I am confident	I have used	I am rusty	??	(Check one blank from each line)
_____	_____	_____	_____	use of GIS in class
_____	_____	_____	_____	use of GPS in class
_____	_____	_____	_____	use of Online Mapping Sites in class
_____	_____	_____	_____	use of Remote Sensing in class
_____	_____	_____	_____	use of Inquiry/Problem based learning
_____	_____	_____	_____	personal use of computers
_____	_____	_____	_____	familiarity with file structure and data manipulation

If you would like more information about us and our company feel free to visit our website:  
[www.gisetc.com](http://www.gisetc.com)

Registration: \$550 includes one-year lab license of GIS software, curriculum and data.

**Make checks or POs payable to Critical Think Inc.**

**Fax registration or mail to**

GISetc

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Dallas Texas 75215

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