

## 中美珠心算學會

## 2011年中文學校珠心算教師專業研習報名表

## CAAA Professional Development Workshop for Abacus Teachers at Chinese Schools Application Form

附表二

	Last Name First Name	Gender	Chinese School Name 中文學校名稱
Name		M	
姓名	中文		Principal Name 學校校長姓名
		F	
Address	Street, City, State, Zip		(O) ( )
		Tel	(H) ( )
	E-mail:		(C) ( )
Emergency	Name	Cell /Tel	(O) ( )
	Relationship		(H) ( )
Contact	Relationship		(C) ( )
緊急聯絡人	E-mail:		
Professional /Training 珠心算背景			
珠算 Level: Mental Math 心算 Level:			
Teaching Experiences 教學年資:			
School Principal Signature			Meal 請圈選
校長簽名:			素食: Yes / No
E-mail:			Remark :
Waiver/Release of Liability:			
I hereby agree to indemnify and hold harmless CAAA, its director and associated personnel from and against any and all liability for any injury which may be suffered in connection with participation in CAAA-sanctioned activities or on its premises. I do herewith waive, release and forever discharge CAAA,			
its director, teachers and other volunteer staff.			
Signature / Date /			

報名單及報名費請寄:Chinese American Abacus Association 1363 Jacklin Road Milpitas, CA 95035 支票抬頭請寫:C.A.A.A.

聯絡學會請 E-mail: CAAA.US@Gmail.com 秘書組: 樓玉蘭 (Jenny Lin) 老師

Phone & Fax: (408) 263-7966 留言 或 閱覽 學會網址 WWW.CAAA-abacus.org