



Greg Tang Math Workshop Registration

Total Price: _____

Location: _____ Workshop Date: _____

Personal Information

First Name: _____ Last Name: _____

Email: _____ Grade Level: _____

School Information

School Name: _____ District: _____

City: _____ State: _____ Zip: _____

Additional Attendees? If so write #, and grade level for each: _____

To pay by purchase order:

Please send registration form and purchase order to

Email to: info@gregtangmath.com

Mail to:

Creative Smarts, Inc.

P.O. BOX 185

Hesston, KS 67062

Checks Payable to:

Creative Smarts, Inc

EIN 27-3456805

Fax to: 800-858-1287

To pay with credit card, enter information below and email or mail form to address above.

Name on Card: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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