



# BISMARCK EDUCATION DAY

ND Heritage Center & ND State Library

Thursday, April 16, 2019

## PART 1: CLASS/GROUP REGISTRATION FORM

(Please **type (preferred method)**/print in black ink. Please do **NOT** use pencil.)

### CONTACT INFORMATION

Name of School/Organization:		Grade(s)	
School/Organization Mailing Address/ <b>POSTAL ADDRESS</b> (Where you want your package mailed):		City:	State: Zip Code:
Name of Person Completing Form: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Telephone (Daytime):	Telephone (Evening):
Relationship to Classroom (Teacher, Principal, Parent, etc.):	Email Address		
Contact Person (To Verify Information): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Contact Person Telephone:	Best Time to Call:	

### CLASSROOM TEACHERS INCLUDED IN THIS REGISTRATION

(Use an additional page, if necessary. We need every participating teacher's information!)

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Email Address	Telephone (Daytime):	Telephone (Evening):
Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			

### PLEASE ANSWER THE FOLLOWING QUESTIONS

Number of Project Students:	Number of Non-Project Students	Number of Teachers/Chaperones:	Total Number of Registrants (Students/Teachers/Chaperones)
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### HOW TO SUBMIT REGISTRATION

After completing part 1 of the registration form, please continue on to parts 2, 3, and 4. Then return all four parts by one of the three recommended methods listed below.

**EMAIL (preferred method):**  
[registration@marketplacend.org](mailto:registration@marketplacend.org)

**FAX:**  
 701-242-7754

**MAIL:**  
 Marketplace for Kids  
 PO Box 9  
 Mantador, ND 58058

#### Questions?

We want your registration to run smoothly, and are here to help you! If you need assistance, or have any questions, please contact Bob at 1-855-434-KIDS (5437) (Toll Free) or 701-242-7744, or contact us via email at [registration@marketplacend.org](mailto:registration@marketplacend.org).