



## PART 1: TEACHER/GROUP REGISTRATION FORM

**Bismarck Education Day**

**Tuesday, December 5, 2023**

Location: Bismarck Heritage  
Center & ND Capital Building

Registration Opens: 10/16/23

Registration Closes: 11/17/23

### SPECIAL NOTES:

- This form is used to collect information on school and teachers
- Use Fillable Form when filling out ALL forms
- Fill in ALL contact information for ALL participating teacher's
- Continue onto Parts 2 – 4 (5 where applicable)
- Funding is available for ND Public Schools for supplies purchased for projects
- Direct all questions to 1-855-434-5437 (toll free) or 701-242-7744 or email [secretary@marketplacend.org](mailto:secretary@marketplacend.org)

### CONTACT INFORMATION – **PLEASE FILL OUT EVERY FIELD**

**NAME OF SCHOOL/ORGANIZATION:**

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**SCHOOL/ORGANIZATION MAILING ADDRESS/POSTAL ADDRESS (WHERE YOU WANT YOUR PACKAGE MAILED):**

ADDRESS	CITY	ST	ZIP CODE

### CONTACT PERSON:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	NAME:		Relationship to Classroom (Teacher, Principal, Parent, Etc.)		GRADE	
EMAIL ADDRESS:			TELEPHONE (Daytime)		TELEPHONE (Evening)	

### 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	Grade	Telephone (Daytime):	Telephone (Evening):
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	EMAIL ADDRESS	Grade	Telephone (Daytime):	Telephone (Evening):
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	EMAIL ADDRESS	Grade	Telephone (Daytime):	Telephone (Evening):
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	EMAIL ADDRESS	Grade	Telephone (Daytime):	Telephone (Evening):
NAME: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	EMAIL ADDRESS	Grade	Telephone (Daytime):	Telephone (Evening):

### PLEASE ANSWER THE FOLLOWING QUESTIONS

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

After filling out Part 1, Complete Part 2 – 4 and 5 where applicable, return all parts by:

<b>EMAIL (Preferred Method):</b> <a href="mailto:secretary@marketplacend.org">secretary@marketplacend.org</a>	<b>MAIL:</b> Marketplace for Kids – PO Box 9 – Mantador, ND 58058
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