

SWMDAMT

SOUTHWEST MISSOURI DISTRICT ASSOCIATION OF MATHEMATICS TEACHERS FALL 2006 DINNER MEETING
The Southwest Missouri District Association of Mathematics Teachers welcomes you to a new school year!

The annual SWMDAMT Fall meeting is scheduled for Thursday, October 12, 2006 in the 4th floor Plaster Student Union of Missouri State University.

Dinner will begin at 5:45 PM. Our speaker, Prof. Les Reid will begin at 6:30 PM. His presentation: MAGIC SQUARES, LATIN SQUARES AND SUDOKU will be followed by a business meeting.

Please return the registration form on the back of the newsletter by October 2, to John Maddux, 407 W. 11th Cassville, MO 65625.

If you wish to order a parking pass you will need to include an additional \$2.00.

If you do not buy a parking pass please bring quarters for the parking meter.

This registration form can also be used for joining or renewing membership to SWMDAMT.

We look forward to seeing you on the 12th! Have a great year!

Edna Payton, Secretary
24273 Hwy 266
Ash Grove, MO 65604

NOMINATIONS

1. The position for 1st Vice President OF SWMDAMT is open. Please make nominations to John Maddux.

2. OUTSTANDING TEACHERS OF MATHEMATICS nominations in the areas of elementary, middle school, secondary or post-secondary can be made to John Maddux, President, SWMDAMT.

Email: John Maddux at musicman@mo-net.com

SWMDAMT

FALL DINNER MEETING
5:45 THURSDAY OCTOBER 12, 2006
P4TH FLOOR PLASTER STUDENT UNION
MAGIC SQUARES, LATIN SQUARES AND SUDOKU
Prof. Les Reid professor of Mathematics, Missouri State University

Please fill out the information below and send along with your money to John Maddux, 407 W. 11th, Cassville, MO 65625, by Oct. 2, 2006
Costs: \$12 for members and \$20 for non-members.

\$2 parking passes are available if registration is received by Oct. 2 or you may choose to bring quarters for the parking meters.

SWMDAMT DINNER REGISTRATION

NAME: _____

ADDRESS: _____

SCHOOL DISTRICT: _____

PHONE _____

NUMBER _____

MEMBER \$12 _____ NON-MEMBER \$20 _____ PARKING PASS \$2.00 _____

SWMDAMT MEMBERSHIP FORM DUES - \$10.00

Pre-service Students and First Year Teachers NO CHARGE

NAME: _____

STREET _____

CITY _____ STATE _____

ZIP _____

E-MAIL ADDRESS _____

_____ I agree to include my e mail on the SWMDAMT web site
SCHOOL _____

_____ I agree to include my school on the SWMDAMT web site
PROFESSIONAL ADDRESS _____

POSITION _____

___ Pre-Service ___ Elementary ___ Middle ___ Secondary ___ Post-Secondary

___ NEW MEMBER

___ RENEWING MEMBER