



**ELECTION DAY**  
**Teacher Professional Development Opportunity**  
**November 3, 2009**

The SIFMA Foundation for Investor Education is providing teachers a full-day professional development workshop:

Date: **Tuesday, November 3, 2009**

Time: **8:30am-2:30pm**

Location: **120 Broadway, Manhattan**

The event will highlight a recent independent study finding that *students participating in The Stock Market Game program scored significantly higher on math and financial literacy tests than their peers who did not participate*. Teachers reported that use of the program in their classrooms impacted their own personal financial practices and behaviors.

Workshops on implementing The Stock Market Game program will also be presented along with a session on Financial Planning in the Current Economy.

Teachers of grades 4 and 5, middle, and high school math, social studies or economics are encouraged to attend.

Thanks to a generous grant from Fidelity Investments, this workshop is being offered at \$95/person. If interested in attending, **please request a registration form from Lourdes Ferreira at [lferreira@sifma.org](mailto:lferreira@sifma.org) or 212.313.1224**. The SMG Vendor number is **521087193** and the contract number is **9700216**.





**THE STOCK MARKET GAME™**

**Teacher Professional Development**

November 3, 2009, 8:30AM - 3:00PM  
120 Broadway - SIFMA Conference Center 2<sup>nd</sup> fl.  
New York, NY 10271

*Sponsored by*



Please complete one Registration Form for each participant. Thanks to the generous sponsorship from Fidelity Investments the fee for participation is only **\$95.** per participant for the first 100 teachers registered, and \$240 for all others.

Name \_\_\_\_\_  
School \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Subject(s) Taught \_\_\_\_\_ Grade \_\_\_\_\_  
I have played The Stock Market Game with my students for \_\_\_\_\_ years.

Check (please attach)

**Payment** Purchase Order(include number/attach PO)  
(CIRCLE)  
Credit Card (Complete Information Below) PO #

Card Name (CIRCLE) Amex  
Visa  
MasterCard Number \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Charge Amount \_\_\_\_\_  
Billing Address Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please return completed form to Lourdes Ferreira at [lferreira@sifma.org](mailto:lferreira@sifma.org) or fax 212.313.1324.

*Presented by:*