SUMMER INSTITUTE FOR TEACHERS

FOR OFFICE USE ONLY: RECEIVED PROGRAMMED

CS

2015

MP APP#

Registration Form

Please complete the registration form below, including your signature. Attach a check or money order in the exact amount payable to "Art Center College of Design" or supply the necessary credit card information, including signature, on the form. Cash cannot be accepted. Registration will be confirmed by mail. If you are applying for a scholarship, please refer to the scholarship guidelines.

Paying by Credit Card

Fax your registration form to: 626.396.4219 Please call to confirm receipt: 626.396.2319

Registering by Mail

Send completed form & payment to: Design-Based Learning Lab Art Center College of Design P.O. Box 7197 Pasadena, CA 91109-7197

Registering in Person

Submit completed form & payment to: Design-Based Learning Lab Administrative Office 950 South Raymond Ave. Pasadena, CA 91105 M-T: 10 am-9 pm / F: 10 am-5 pm

Last name	First			Middle			
Address					City		
State ZIP	Daytime phone				Evening phone		
Email	Social Security Number				Birth date		
Person to contact in an emergency					Phone		
Grade level(s)	Subject area(s)						
School name				Years of teaching experience			
School address				School district			
School principal					School phone		
Information ● Male	Are you Hispanic or Latino? Yes No		AmeBlack	Select one or more from the following categories: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White			
Courses (check all that apply)	Scholarship Applicant Scholarship covers tuition only. Unit credit is \$135 and scholarship recipient's responsibilty.		OBL-	Single Participant DBL-001-01 3 Semester Units \$760		Teacher Pair ■ DBL-001-01 3 Semester Units \$710 per teacher	
				DBL-002-01Non-Credit \$625		DBL-002-01 Non-Credit \$575 per teacher	
	Name of other teacher(s)				\$ Total enclosed		
	Name of other teachers			100	ai enciosed		
<u>Payment</u>	Check enclosed	Maste	erCard	Visa	Discover	Ameri	can Express
Credit card number	Expiration d		date	te Security code			
Name on card	Billing address (as shown on credit card statement)						
City	State	ZIP			Cardholder signatur	e	

As a student of Art Center, I agree to abide by all policies and regulations of the College.

Signature