

FOR OFFICE USE ONLY:

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PROSPECT # _____

APP # _____

DESIGN-BASED LEARNING (DBL) PEER COACHING SEMINAR 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 paying by credit card you may fax your registration form to 626.396.4219. Please call to confirm receipt of your fax: 626.396.2319.

If registering by mail please send this completed form and payment to:

Design-Based Learning
Art Center College of Design
P.O. Box 7197
Pasadena, CA 91109-7197

If registering in person submit the completed registration form and payment to:

Design-Based Learning Lab
Administrative Office
950 S. Raymond Ave.
Pasadena, CA 91105

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| LAST NAME | FIRST | MIDDLE |
|-----------|-------|--------|

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|---------|--------|----------|------|-------|----------|
| ADDRESS | STREET | APT. NO. | CITY | STATE | ZIP CODE |
|---------|--------|----------|------|-------|----------|

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|---------------|---------------|-------|
| DAYTIME PHONE | EVENING PHONE | EMAIL |
|---------------|---------------|-------|

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|------------|---------------------|-----------------------------------|-------|
| BIRTH DATE | SOCIAL SECURITY NO. | PERSON TO CONTACT IN AN EMERGENCY | PHONE |
|------------|---------------------|-----------------------------------|-------|

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|----------------|-----------------|
| GRADE LEVEL(S) | SUBJECT AREA(S) |
|----------------|-----------------|

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|-------------|-----------------|------------------------------|
| SCHOOL NAME | SCHOOL DISTRICT | YEARS OF TEACHING EXPERIENCE |
|-------------|-----------------|------------------------------|

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| SCHOOL ADDRESS | SCHOOL PHONE |
|----------------|--------------|

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| SCHOOL PRINCIPAL |
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|----------------------|---------------------------------|---|---|---|
| OPTIONAL INFORMATION | <input type="checkbox"/> Male | <input type="checkbox"/> African-American | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| | <input type="checkbox"/> Female | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American |

DBL PEER COACHING SEMINAR:**SESSION 1**

☐ DBL-005-01
Oct. 18, Nov. 15, 2008 +
Jan. 17, 2009
9 am to 1 pm

SESSION 2

☐ DBL-005-02
Jan. 31, March 7 +
April 4, 2009
9 am to 1 pm

LOCATION

South Campus
950 S. Raymond Ave.
Pasadena, CA 91105

TUITION

\$185.00 per 3-day seminar
**Tuition includes cost of materials
and two semester units.
Transcripts are additional.*

TOTAL ENCLOSED **\$185.00**

| | | | |
|---------|---|---|-----------------------------------|
| PAYMENT | <input type="checkbox"/> Check Enclosed | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
| | <input type="checkbox"/> Charge | <input type="checkbox"/> Master Card | <input type="checkbox"/> Visa |

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| CREDIT CARD NUMBER | / / | EXPIRATION DATE | SECURITY CODE |
| <small>Last three digits printed on the signature line on the back of your card</small> | | | |

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| BILLING ADDRESS AS SHOWN ON CREDIT CARD STATEMENT | NAME |
|---|------|

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|--------|------|-------|----------|
| STREET | CITY | STATE | ZIP CODE |
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| CARDHOLDER SIGNATURE |
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AS A STUDENT OF ART CENTER, I AGREE TO ABIDE BY ALL POLICIES AND REGULATIONS OF THE COLLEGE.

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| SIGNATURE | DATE |
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