# ARTCENTER.EDU/TEACHERS

# SUMMER INSTITUTE FOR TEACHERS

FOR OFFICE USE ONLY: RECEIVED PROGRAMMED

MP

APP#

CS

# 2016

# Registration Form

Please complete the registration form below, including your signature. Attach a check or money order in the exact amount payable to "ArtCenter 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 ArtCenter 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-Th: 10 am-9 pm / F: 10 am-5 pm

Last name	First		Middle	
Address			City	
State ZIP	Daytime phone		Evening phone	· / /
Email	Social Security Nu	umber	Birth date	/ /
Person to contact in an em	ergency		Phone	
Grade level(s)	Subject area(s)	Subject area(s)		
School name			Years of teaching experience	
School address			School district	
School principal			School phone	
Information  Male Fema	Are you Hispanic or Latino Yes No	<ul><li>America</li><li>Black or</li></ul>	Select one or more from the following categories:  American Indian or Alaska Native  Black or African American  Native Hawaiian or Other Pacific Islander  White	
Courses Check one	Single Participant  DBL-014-01  Semester Units \$760  DBL-015-01  Non-Credit \$625	● DBL-015	-01 r Units \$710 per teacher	Scholarship Applicant  DBL-014-01 3 Semester Units \$135  DBL-015-01 Non-Credit \$0
	Name of other teacher(s)			\$ Total enclosed
<u>Payment</u>	<ul><li>Check enclosed</li></ul>	MasterCard	<ul><li>Visa</li><li>Discov</li></ul>	er American Express
Credit card number	Ex	piration date	Security code	
Name on card	Bil	Billing address (as shown on credit card statement)		
City	State ZIF	>	Cardholder sig	gnature

How did you hear about the Summer Institute for Teachers?

Signature

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