SUMMER INSTITUTE FOR TEACHERS
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

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

Registration 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 ○ Female

Are you Hispanic or Latino?
○ Yes ○ No

Select one of more from the following catagories?
○ 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 $180 and scholarship recipient's responsibilty.

Single Participant
○ DBL-001-01
  4 Semester Units $680
○ DBL-002-01
  Non Credit $500

Teacher Pair
○ 4 Semester Units
  $630 per teacher
○ Non-Credit
  $450 per teacher

$ _____
Total enclosed

Name of other teacher(s) _____

Payment

○ Check enclosed ○ MasterCard ○ Visa ○ Discover ○ American Express

Credit card number _____ Expiration date _____ Security code _____

Name on card _____ Billing address (as shown on credit card statement) _____

City _____ State _____ ZIP _____ Cardholder signature _____

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

Signature _____ Date _____

How did you hear about the Summer Institute for Teachers? _____