

FOR OFFICE USE ONLY:

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APP # _____

PROSPECT # _____

THINKING~MAKING~LEARNING (TML) CONVERSATION SERIES 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:
Thinking~Making~Learning
Art Center College of Design
P.O. Box 7197, Pasadena, CA 91109-7197
Attn: Paula Goodman

If registering in person submit the completed registration form and payment to:
Public Programs
Administrative Office
950 S. Raymond Ave., Pasadena, CA 91105

LAST NAME	FIRST	MIDDLE
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ADDRESS	STREET	APT. NO.	CITY	STATE	ZIP
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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

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

TML CONVERSATION SERIES LOCATION

Williamson Gallery
1700 Lida St.
Pasadena, CA 91103

DATES

☐ Section 1: Saturday, October 21, 2006, 9 a.m. – Noon
☐ Section 2: Saturday, November 4, 2006, 9 a.m. – Noon
☐ Section 3: Saturday, December 9, 2006, 9 a.m. – Noon

SINGLE PARTICIPANT

☐ T/030
1 Semester Unit
Transcripts are additional.

TOTAL ENCLOSED **\$45.00**

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

CREDIT CARD NUMBER	/ /	EXPIRATION DATE
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SECURITY CODE

Last three digits printed on the signature line on the back of your card

NAME AS SHOWN ON CREDIT CARD

BILLING ADDRESS	STREET	CITY	STATE	ZIP
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CARDHOLDER SIGNATURE

AS A STUDENT OF ART CENTER, I AGREE TO ABIDE BY ALL POLICIES AND REGULATIONS OF THE COLLEGE.

SIGNATURE	DATE
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