

# DESIGN-BASED LEARNING LAB REGISTRATION FORM

## TO REGISTER

FOR OFFICE USE ONLY: ☐ RECEIVED ☐ PROGRAMMED ☐ CS ☐ MP

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 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 Lab  
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

LAST NAME ↑		FIRST	MIDDLE		
ADDRESS	STREET	APT. NO.	CITY	STATE	ZIP
DAYTIME PHONE		EVENING PHONE		EMAIL	
SOCIAL SECURITY NO.		BIRTH DATE	PERSON TO CONTACT IN AN EMERGENCY		PHONE
SUBJECT AREA(S)			GRADE LEVEL(S)		
SCHOOL NAME		SCHOOL DISTRICT		YEARS OF TEACHING EXPERIENCE	
SCHOOL ADDRESS			SCHOOL PHONE		
SCHOOL PRINCIPAL					
OPTIONAL INFORMATION: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> ALASKAN NATIVE <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> NATIVE AMERICAN					

### COURSE REGISTRATION

I AM REGISTERING FOR: ☐ FALL 2004 ☐ SPRING 2005 ☐ SUMMER INSTITUTE 2005

COURSE NO.:	TITLE:	COURSE FEE: \$
COURSE NO.:	TITLE:	COURSE FEE: \$
COURSE NO.:	TITLE:	COURSE FEE: \$
TOTAL ENCLOSED: \$		

### PAYMENT

☐ CHECK ENCLOSED ☐ CHARGE ☐ MASTER CARD ☐ VISA  
☐ AMERICAN EXPRESS ☐ DISCOVER

CREDIT CARD NO.:	EXPIRATION DATE: / /	SECURITY CODE: <small>THE LAST THREE DIGITS PRINTED ON THE SIGNATURE LINE ON THE BACK OF YOUR CARD</small>
BILLING ADDRESS AS SHOWN ON CREDIT CARD STATEMENT:		
CARDHOLDER SIGNATURE:		

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

SIGNATURE DATE