# ARTCENTER.EDU/TEACHERS

# **SUMMER INSTITUTE FOR TEACHERS**

RECEIVED PROGRAMMED CS
MP APP# 2017

## **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

FOR OFFICE USE ONLY:

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 pho	ne			Evening phone	/	/
Email	Social Securi	ty 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 Lat Yes No	Select one or more from the following categ  American Indian or Alaska Native  Black or African American  Native Hawaiian or Other Pacific Islander				ries: Asian White	
Courses Check one	Single Participant  DBL-014-01  Semester Units \$760		OBL-C	<b>er Pair</b> 014-01 ster Units \$710 p	er teacher	DBL-0	ship Applicant 014-01 ester Units \$135
	■ DBL-015-01 Non-Credit \$625		■ DBL-015-01 Non-Credit \$575 per teacher			DBL-015-01 Non-Credit \$0	
	Name of other teacher(s)					\$ Total encl	osed
<u>Payment</u>	<ul><li>Check enclosed</li></ul>	<ul><li>Master</li></ul>	rCard	Visa	Discove	r •A	merican Express
Credit card number		Expiration	date		Security code		
Name on card		Billing address (as shown on credit card statement)					
City	State	ZIP	ZIP Cardholder signatur			nature	

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

Signature Date