

2013 Advanced Placement Teacher Summer Institutes Summer 2013 Registration Form

Registration Fee on or before May 3: \$100 Registration Fee after May 3: \$150

Name			
Title			
Home Address			
City	State	Zip	
Home Phone ()	Cell Phone		
Email Address			
Emergency Contact Informatio	<u>n:</u>		
Name			
Phone ()	Cell Phone		<u></u>
School Information:			
Supervising Principal			
School			
City	State	Zip	
School Phone ()	School Fax		
School District			
County			
TeachingSubject Area			
AP Teaching Experience			
Will you be teaching an AP co	urse next year? Yes	No	

Registration:

To Reserve Your Space In This Institute, please complete this registration form and mail a check payable to Coastal Carolina University. Please include a copy of your teaching certificate and driver license. If you are not a certified teacher, you must submit an official copy of your transcript showing your most advanced degree.

Note: Participant's Name Should Be Listed on Checks/Purchase Orders.

Cancellation/Refund:

In order for any refund to be given, we must be notified in writing BEFORE the institute begins. If a registration is cancelled for any reason, the individual or organization making the original tuition will receive:

- 1. A full refund, less an administrative fee of \$25, if the cancellation request is received in writing before the first day of class.
- 2. No refund for a 'No Show' or for a cancellation request received on or after the first day of class.

MATH 601	AP Calculus BC	9:00 am - 4:30 pm	6/19 - 6/29 Class will be held on the weekend 6/22, 6/23, and 6/29	CSCC 202	P. Sansgiry sansgirp@coastal.edu	
•	ou wish to make pay ool Purchase Order			1	elow:	
Signature			Date			
Mai	l to: Office of Grand Coastal Care	olina University		43-349-239 graduate@		

Please include recommendation letter from current Principal with Registration Form.

Conway, SC 29526