

**DESIGN-BASED LEARNING (DBL) PEER COACHING SEMINAR 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:

Design-Based Learning  
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 CODE

DAYTIME PHONE EVENING PHONE EMAIL

BIRTH DATE SOCIAL SECURITY NO. PERSON TO CONTACT IN AN EMERGENCY PHONE

GRADE LEVEL(S) SUBJECT AREA(S)

SCHOOL NAME SCHOOL DISTRICT YEARS OF TEACHING EXPERIENCE

SCHOOL ADDRESS SCHOOL PHONE

SCHOOL PRINCIPAL

OPTIONAL INFORMATION  Male  African-American  Alaskan Native  Asian/Pacific Islander  
 Female  Caucasian  Hispanic  Native American

**DBL PEER COACHING SEMINAR****DATES**

2 Saturdays  
February 2 +  
March 1, 2008

**LOCATION**

South Campus  
950 S. Raymond Ave.  
Pasadena, CA 91105

**SINGLE PARTICIPANT**

- T/028 1 Semester Unit\*  
Previous Summer Institute for Teachers participant  
 T/029 1 Semester Unit\*  
First-time participant

**TUITION**

\$120.00

*\*Tuition includes cost of materials and one semester unit. Transcripts are additional.*

**TOTAL ENCLOSED** **\$120.00**

**PAYMENT**  Check Enclosed  American Express  Discover  
 Charge  Master Card  Visa

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CREDIT CARD NUMBER EXPIRATION DATE SECURITY CODE

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

BILLING ADDRESS AS SHOWN ON CREDIT CARD STATEMENT NAME

STREET CITY STATE ZIP CODE

CARDHOLDER SIGNATURE

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

SIGNATURE DATE