

# REGISTRATION FORM 2012

<i>Elementary School Sessions</i>	<i>Middle/High School Sessions</i>	<i>High School Session</i>
<input type="checkbox"/> June 17–23 <input type="checkbox"/> June 24–30 <input type="checkbox"/> July 8–14 <input type="checkbox"/> July 15–21 <input type="checkbox"/> July 22–28	<input type="checkbox"/> June 18–24 <input type="checkbox"/> June 25–July 1 <input type="checkbox"/> July 16–22 <input type="checkbox"/> July 23–29	<input type="checkbox"/> July 9–15

Name: \_\_\_\_\_ Gender:  M  F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Email: \_\_\_\_\_

School Email: \_\_\_\_\_

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

*To provide an exceptional experience for participants while attending the Colonial Williamsburg Teacher Institute, please help us by answering the following questions.*

**Meals:** During the week, you will have a choice of entrees at your meals. Please list any dietary restrictions or food allergies.

\_\_\_\_\_

\_\_\_\_\_

**Health:** The pace of the Colonial Williamsburg Teacher Institute is intense, but provides a comprehensive experience. Depending on weather conditions and the daily program schedule, participants may walk two–four miles each day in extreme heat and humidity. Please let us know if you have any medical conditions that would affect your full participation.

\_\_\_\_\_

\_\_\_\_\_

Print your name, as you would like it to appear on your nametag.	Print your name, as you would like it to appear on any official document.
_____	_____

**Room Assignments:** All rooms are **Double-Occupancy** unless a single room has been guaranteed by paying the \$475 single room fee or with a doctor’s note. If you know of another participant whom you would like as a roommate, please state the person’s name. If not, a roommate will be assigned according to gender, place of residence, and years of teaching experience. *All rooms are non-smoking.*

Requested Roommate: \_\_\_\_\_

Last Name: \_\_\_\_\_

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Years of Teaching Experience: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Describe the type of students you have in your classroom.

How did you find out about the Colonial Williamsburg Teacher Institute?

## PAYMENT

Enclosed with my registration is the:

Total fee of \$1,900

Deposit of \$500

Single Room fee of \$475

## METHOD

Credit Card    Check    Purchase Order    Money Order    Other \_\_\_\_\_

### For Credit Card Charges Only:

Amount to be Charged to Credit Card: \$ \_\_\_\_\_

Credit Card Type:    Visa    Master Card    American Express    Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the Credit Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

- ❖ **Total payment of \$1900.00 is due by June 1, 2012.** Please make checks payable to The Colonial Williamsburg Foundation.
- ❖ **Cancellation Policy:** Cancellations made before April 1, 2012 will receive a full refund. Cancellations occurring between April 1, 2012 and 30 days prior to the start of the session will forfeit the \$500.00 deposit. No full or partial refund will be made with cancellations 30 days prior to the start of the session.
- ❖ **\*\*Please note: Single rooms are only guaranteed if paid in advance by check or credit card, or with a doctor's note.**

For more information, or to look for suggestions for funding, please visit our Web site at <http://www.history.org/history/teaching/tchsti.cfm> or contact the Colonial Williamsburg Teacher Institute, Education Outreach, P.O. Box 1776, Williamsburg, VA 23187-1776  
Phone: (757) 565-8417 Fax: (757) 565-8222 Email: [vperkins@cwf.org](mailto:vperkins@cwf.org)