

REGISTRATION FORM 2009

2009 PROGRAM DATES

<i>Elementary School Sessions</i>	<i>Middle/High School Sessions</i>	<i>High School Session</i>
<input type="checkbox"/> June 10-17 <input type="checkbox"/> June 16-23 <input type="checkbox"/> July 28-August 4	<input type="checkbox"/> July 8-15 <input type="checkbox"/> July 15-22 <input type="checkbox"/> July 22-29	<input type="checkbox"/> June 24 – July 1

Name _____ Gender: M F

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Home E-mail _____

School E-mail _____

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.

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 sometimes walk two-three miles in extreme heat and humidity. Please let us know if you have any medical conditions that would affect your full participation.

Room Assignments: If you know of another participant whom you would like as a roommate, please state the person's name. If not, roommates will be assigned according to gender, city of residence, and years of teaching experience. All rooms are Non-Smoking.

Requested Roommate: _____

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.

Last Name: _____

REGISTRATION FORM 2009 Continued

Years 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 \$1900 Deposit of \$500 Single Room fee of \$525.00

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, 2009.** Please make checks payable to Colonial Williamsburg Foundation.
- ❖ **Cancellation Policy:** Cancellations made before April 1, 2009 will receive a full refund. Cancellations occurring between April 1, 2009 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.**

For more information or to look for suggestions for funding, please visit our web site at www.history.org/history/teaching/tchsti.cfm or contact the Teacher Institute, Education Outreach, P.O. Box 1776, Williamsburg, VA 23187-1776
Phone: (757) 565-8417 fax: (757) 565-8916 E-mail: amckee@cwf.org.