

MARINELAB ENROLLMENT/DEPOSIT FORM

Please include with your deposit and registration form, thanks!

Name (First, last) _____

Mailing Address _____

City, state, zip _____

Home phone (_____) _____ Cell phone (_____) _____

email address: _____

Currently employed by (school or district) _____

Subject(s) taught _____ Grade level(s) _____

How long have you been teaching these subjects? _____

Your teachers' certification is in (subject, levels) _____

Inservice/Continuing Education

Inservice/continuing education points are available from any of these teacher workshops. If you wish to earn continuing education points, please give us the pertinent information below so that we may process your request. Please note: successful completion of pre and post-test and participation in all workshop activities are required to receive these points.

Name of person to whom record should be sent: _____

Title _____ Dept or District _____

Address _____
Street or PO box city state zip

Please enroll me in the following program:

Introduction to Coastal Marine Ecology Workshop

Advanced Marine Ecology & Research Techniques Workshop

I have enclosed my check for ____\$100 or for ____ the full amount of \$450.00.

Please charge my credit card for the \$100 deposit or for ____ the full amount of \$450.00.

Name on card: _____

Card Number: _____

Expiration date: _____ Security code: _____

Billing zip code: _____

Cardholder signature: _____

I understand that my deposit is 100% refundable until June 15, 2016. If I cancel after that, the refund will be subject to a \$15 administrative fee. The balance will be collected upon arrival.

Participant signature: _____