

University of Oklahoma Summer Institute
June 23 - 27 and/or July 7 - 11, 2008
Registration Form

#1 - Please print legibly and complete both pages. Incomplete registrations will not be accepted.

Name (for certificate) _____ (for nametag) _____ M F

School _____

School Address _____
Street City State Zip Code

School Phone () _____ School Fax () _____

_____/_____
 Pre-AP* MS **OR** Pre-AP* HS **OR** AP*
Grade and AP or Pre AP* subject you will teach in Fall '08*

Home Address _____
Street City State Zip Code

Home Phone () _____ Preferred Email Address _____

By checking this box, I give my permission for my name, school and email address to be released to my colleagues at the Institute session I attend.

#2 - Register for your course - Check only one per week.

(For course descriptions, visit our website: www.cafe.ou.edu/advancedplacement/)

Week One – June 23 – 27, 2008 <u>Registration deadline is June 16, 2008</u>	Week Two – July 7 – 11, 2008 <u>Registration deadline is June 30, 2008</u>
<input type="checkbox"/> AP* Calculus for new teachers – Candace Smalley <input type="checkbox"/> Pre AP* Math for Middle School – Kathy Heller <input type="checkbox"/> AP* US History –Christine Bond <input type="checkbox"/> Pre AP* Social Studies – Nancy Schaeffer	<input type="checkbox"/> AP* Biology – Gary Earleywine <input type="checkbox"/> AP* English Language – Sandra Coker <input type="checkbox"/> AP* English Literature 1 – Michael Degen <input type="checkbox"/> Pre AP* English for High School 1 – Teri Marshall <input type="checkbox"/> Pre AP* English for High School 2 – Yvonne Kaatz <input type="checkbox"/> Pre AP* English for Middle School 1 – Penny Crofford <input type="checkbox"/> Pre AP* English for Middle School 2 – Ayn Grubb

#3 - Register for Housing – check commuter if not staying on campus

I will commute - no housing required; lunch Monday–Thursday provided.

OR

I will require housing (double occupancy dormitory room with bath shared by four) - breakfast Monday through Friday and lunch and dinner Monday through Thursday provided.

Roommate request: _____

OR

I would like a single room - breakfast Monday through Friday and lunch and dinner Monday through Thursday provided. Costs for a single room (single dormitory room with a bath shared by one or two other people) are not covered by the State DOE AP* Incentive program. An additional \$100 is due with this registration. Single rooms will not be reserved without payment.

#4 - Complete Payment Information (all payments must be in U.S. funds):

The Institute cost is \$625. An additional \$100 is required with registration if requesting a single room. The State Department of Education will not pay single room costs.

- Invoice the State Department of Education for the Institute (Oklahoma Public School Teachers only)
- Check enclosed (payable to the University of Oklahoma)
- Purchase Order attached
- Charge \$_____ to my Credit Card: Visa MasterCard Discover American Express

Card # _____ Exp. _____ CVV# _____

Authorized Signature _____ Date _____

NOTE TO OKLAHOMA PUBLIC SCHOOL TEACHERS: We are very fortunate that the State Department of Education is able to cover the registration fee for Oklahoma Public School teachers (commuter or resident). Please do not abuse this opportunity. If you register but then find that you must cancel, please do so in writing by contacting sammif@ou.edu or by faxing us at (405) 325-0860 immediately. We often have people on waiting lists who would love to attend. *Participants who cancel after the deadline (after June 16 for week one and after June 30 for week two) or who fail to attend the Institute will be considered "no-shows" and they will personally be billed for the entire Institute amount, \$625.00, plus any applicable housing fees. The Department of Education requires participants to attend 100% of the Institute to receive a certificate.*

I have read and understand the information on this form. This form has been completed by me and my information is correct to the best of my knowledge.

#5 - Registrant's Signature (required) _____

#6 - Return this form with any applicable payment to:

**The University of Oklahoma
 College of Continuing Education
 1700 Asp Avenue, Room 202
 Norman, OK 73072-6400
 FAX: (405) 325-0860**

The College of Continuing Education is committed to making its activities as accessible as possible. The College and the University provide a range of special services to persons with disabilities. If you anticipate a need for some of these services, please indicate by checking this item.

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