

HOW TO REGISTER FOR PROFESSIONAL DEVELOPMENT HOURS

Print the registration form and return it via mail or fax to:

Rutgers, The State University of New Jersey
Division of Continuous Education and Outreach
55 Commercial Avenue Suite 201
New Brunswick NJ 08901
Phone: 732-932-4746 • Fax: 732-932-4710

Only completed forms accompanied by a check, VISA/Mastercard/American Express credit card information, or a purchase order are accepted for registration. Checks should be made payable to Rutgers, The State University of New Jersey.

PLEASE REGISTER EARLY. Class size is limited and registration will be accepted on a space-available basis.

ACKNOWLEDGMENT OF ENROLLMENT

When your completed registration form is received, you will be either enrolled in the course or placed on a waiting list if the course has been filled. In either case, you will receive notice from Rutgers University at your home by mail. Please contact our office if you have not received notification in a timely manner.

CANCELLATION/REFUND POLICY

A full refund less a \$25 processing fee will be issued for cancellations received in writing by June 15, 2009. After June 15, 2009 substitutions can be made but refunds will not be issued.

SUMMER INSTITUTE FOR AP TEACHERS

STUDENT INFORMATION

Name (as you would like it to appear on your certificate)

Home Address

City

State

Zip

Cell Phone

Home Phone

Home E-mail Address

Alternate E-mail Address

School Name

School Street Address

City

State

Zip

School Phone

PLEASE ENROLL ME IN THE FOLLOWING:

Course Number Course Title

Please check your current level of AP teaching experience:

___ New AP Teacher ___ Experienced AP Teacher

PAYMENT INFORMATION

___ \$825.00 Tuition

___ Yes, I would like Room and Board at the University Inn and Conference Center for these dates:

Check In: _____ Check Out: _____

___ Number of nights at \$90.00 per night Total: _____

METHOD OF PAYMENT

___ Check enclosed

___ Purchase Order No. _____

(completed document must be attached)

Bill my credit card: ___ VISA ___ MasterCard ___ American Express

Card Number

Expiration Date

Signature