

# Private Course for ASDEC Participants Professional Development Registration Form

**STEP 1**

Is this a change of Name or Address? \_\_\_Yes \_\_\_No

Name: Mr./ Ms. \_\_\_\_\_Address: \_\_\_\_\_  
Street Address

City State ZIP Code

@ \_\_\_\_\_  
E-mail Address

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**TUITION AND FEES****\$375 per course** –Tuition for 3 credit ASDEC course**Non-refundable Fees****Drop Fee: \$50** (drop form must be submitted before the first class)**STEP 2**

Have you received credit from Trinity? \_\_\_Yes \_\_\_No\*

**\* If NO, with this form you must submit a copy of official documentation of an undergraduate degree:** a final transcript, Bachelor's diploma, or Teaching License (if degree status is indicated on the Teaching License).

**DEGREE(S) HELD:** Please check those that apply to you:

BA/BS    MA    MAT    MEd  
 EdD    PhD    JD    Other

**STEP 3 Payment Method**  
(must be submitted to register)\_\_\_Personal Check\*   \_\_\_Money Order\*  
\* Made out to Trinity University**Please complete below when paying  
by Credit Card:**

**Credit Card:**  Am. Express    Discover  
 Master Card    Visa

**Account Number:**  
-----**3 or 4 # code on back of card:** \_ \_ \_ \_**Expiration Date:** \_ \_ / \_ \_**STEP 4** Please complete the table below:

Course #	Course Title	Dates	Location	Cost
EDU 508L	Language I: Sounds and Syllables	April 22 – June 10, 2018	ASDEC/VA	\$375 from student
			<b>Total</b>	<b>\$375</b>

**STEP 5**

I have read the policies and procedures as listed on the Continuing Education website and/or in the complete published schedule for this semester. I understand the registration requirements and that I am responsible for and agree to pay all charges I incur at Trinity, whether or not my employer initially agreed to pay my tuition. With my signature below, I acknowledge that I am willing to comply with the aforementioned policies and I approve the release of my report card to my address above.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**STEP 6** **Return this form with payment to:** Ellen O'Neill – ASDEC – 22 West Jefferson Street, Suite 307, Rockville, MD 20850 - [oneill@asdec.org](mailto:oneill@asdec.org)

Other Questions: Trinity – Cont Ed (Main 464) 125 Michigan Ave, N.E. Wash., D.C. 20017 Telephone: 202-884-9301 Fax: 202-884-9084