Private Course for ASDEC Participants Professional Development Registration Form

		c veropinent registration	1 1 01 111	
STEP 0 Is this a change of Name or Address?YesNo		TUITION AND FEES	STEP 3 Payment Method (must be submitted to register)	
Name: □Mr./ □Ms.		Non-refundable Fees		Money Order* Trinity University
Address: Street Address		rop Fee: \$50 (drop form must be submitted before the first class)	_	pelow when paying lit Card:
City	State ZIP Code		Credit Card: □ Am. l	•
E-mail Address		STEP 2 ve you received credit from Trinity?YesNo*	Account Number:	or Card - Visa
Phone (H):		f NO, with this form you must submit a copy of icial documentation of an undergraduate degree:		
Phone (W): Soc. Sec. #:		inal transcript, Bachelor's diploma, or Teaching License degree status is indicated on the Teaching License). EGREE(S) HELD: Please check those that apply to you:	3 or 4 # code on back of card:	
Date of Birth		BA/BS MA MAT MEd EdD PhD JD Cother	Expiration Date: /	
STEP • Please o	complete the table below: Course Title	Dates	Location	Cost
EDU 912M	Multisensory Mathematics I: Strategies for All Learners	January 7 – March 4, 2017	ASDEC/Online	\$375 from student
CITED A			Total	\$375

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	STEP 6			Total	\$375	

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 - eoneill@asdec.org Other Questions: Trinity - Cont Ed (Main 464) 125 Michigan Ave, N.E. Wash., D.C. 20017 Telephone: 202-884-9300 Fax: 202-884-9084