

Please complete and return this entire registration form (double-sided), with full payment, to confirm your space in the Summer Professional Development Institute for 2012. Space is limited and reservations will be confirmed on the basis of receipt of paid registrations.

PLEASE PRINT CLEARLY

(Ms/Mrs/Mr/Dr) **FIRST:** _____ **LAST:** _____

Print your name as you would like it to appear on your name tag

Please use the address where you would like all Summer Institute info/materials sent and for the participant list.
(I understand I may be photographed/videoed during the Institute and herein give permission to be included in promo or training materials)

Title/Position: _____

Organization: _____

Mailing Address: _____

_____ **Ste./Apt. No.** _____

City/State/Country: _____ **Postal/Zip:** _____

Day Phone: (_____) _____ **Night/Weekend Phone:** (_____) _____

Cell Phone: (_____) _____ **Date Submitted:** _____

Email: _____

Alternate Email: _____

Registration includes: Monday evening reception, **breakfast and lunch each day**, and handouts for all training sessions.



I am staying **off campus** and I will need a parking pass (circle one): **YES** **NO**
(Participants staying **on-campus** will receive a parking pass when checking into the dorm)



The Colorado Springs airport is **14** miles from the campus. There is no shuttle service but there are taxis and rental cars available on-site at the airport. The Denver airport is **81** miles from the campus, and travel time can be affected by time of day and local events. Please plan adequate time between your flight arrival and start/end times for the Institute. We will start on time and expect all participants to stay until the conclusion of the Institute—Wednesday at 4:00pm for regular participants and Friday at 2:00pm for Certification Candidates.

I plan to fly into: _____ DENVER (DIA) _____ COLORADO SPRINGS (COS) on Day: _____

I plan to stay: _____ ON CAMPUS _____ OFF CAMPUS @ _____

DO NOT WRITE IN THIS SPACE

Registration Rec'd by GI: _____ PO # _____ Rec'd _____

Payment Rec'd by GI: (Date) _____ Email Confirmation Sent: (Date) _____

Confirmation Packet Emailed: _____

Certification Application Rec'd: _____ Cert App. Fee Rec'd: _____ Cert Fee Rec'd: _____

Payment Checklist: I have included the following in my total payment:

Registration: Circle one (Received by March 30th) Early @ **\$595** \$ _____
(Received by June 30th) Reg @ **\$695** \$ _____
(Received by July 15th) Late @ **\$745** \$ _____
Certification Session: **\$50** \$ _____
TOTAL INCLUDED OR TO BE CHARGED TO MY CARD \$ _____

Purchase order payment must be received by March 30th to be eligible for early registration rate and by June 30th to be eligible for regular registration. Registration is not considered confirmed until payment is received.

PAYMENT DETAILS

My check No: _____ In the amount of: \$ _____ is enclosed.
[Make checks payable to: RMLE LLC (dba Gurian Institute)]

Please charge my: **VISA MC DISCOVER**
(Payment may also be submitted online through PAYPAL—see website for details)

Card No: _____ Exp. Date: _____
Name on Card: _____
Mailing Address if **DEBIT** Card: _____
City: _____ ST/Country: _____ Zip: _____
Authorizing Signature: _____ Date: _____
School District Purchase Order No: _____ Dated: _____ is attached.

Signature: _____ **Date:** _____

All participants attend the general sessions Monday, Tues. AM and Wed. PM	Tues. PM <input type="checkbox"/> T1—Strategies for Teaching Boys & Girls: Part One Circle Age-Level: PreK/K Elem Middle High
Please indicate your session choices for Tues. PM & Wed. AM.	<input type="checkbox"/> T2—Been There-Done That-Now What?? (Advanced session all age levels)
If you do not indicate a choice you will be assigned to a session based on the registration information provided.	Wed. AM <input type="checkbox"/> W1—Strategies for Teaching Boys & Girls: Part Two Circle Age-Level: PreK/K Elem Middle High <input type="checkbox"/> W2—In The Company of Women <input type="checkbox"/> W3—Assessing Implementation for Gender-Friendly Classrooms

I plan to participate in the Trainer Certification Session on Thur/Friday, 7/19-20: Yes No
If you plan to pursue Certification during the Institute, please visit the website (www.gurianinstitute.com) to review additional requirements for Trainer Certification and print out an application.

The application and deposit must be received before your name will be added to the session participant list.

Send your registration to: (You may fax it toll free to: 877-398-8179)
SUMMER INSTITUTE REGISTRATION
Gurian Institute PO Box 60160
Colorado Springs, CO 80960-0160