



Summer 2007 Registration Application

C/AM 410 (June 24 – June 29, 2006)

STUDY CANADA Summer Institute for K-12 Educators
Experience B.C.: From the 5 Themes of Geography to the 2010 Olympics

Program Information: tina.storer@wwu.edu / 360-650-7370

Required Information

Name: (Last) <i>please print</i> (First) (MI)		Previous Name:	WWU Student # (if known):	
Email Address:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	Social Security Number:
Permanent Mailing Address:	City:	State:	Zip:	Home Phone
School Name & Mailing Address:	City:	State:	Zip:	School Phone:

Previous application or WWU attendance?

No
 Yes:
 Quarter _____ Year _____

Current Washington state resident?

No (\$560 Course Fee)
 Yes (\$530 Course Fee)*
 *from _____ to _____
You will be classified non-resident if dates not given

Please check one:

US Citizen U.S. Permanent Resident*
 Not U.S. Citizen or U.S. Resident
 *List Resident Alien number or country & U.S. visa type, along with the date granted:

What grade level(s) & subject(s) do you teach?

How did you learn about this workshop?

Optional Information

What race/ethnicity do you consider yourself? *Check all that apply and specify if you indicate "Other."*

Asian American:

- Asian Indian (4A/600)
- Cambodian (4C/604)
- Chinese (4C/605)
- Filipino (4F/608)
- Japanese (4J/611)
- Korean (4K/612)
- Laotian (4L/613)
- Thai (4T/618)
- Vietnamese (4V/619)

Pacific Islander:

- Native Guamanian (660)
- Hawaiian (4H/653)
- Samoan (4S/655)
- Other: _____
- Native American (5N/597):**
 Are you an enrolled member?
 Yes No
 Tribe: _____

Hispanic/Latino origin:

- Mexican/Mexican
- American/Chicano (3M/722)
- Cuban (3C/709)
- Puerto Rican (3P/727)
- Other: _____

Black/African American (2/870)

- White/Caucasian** (1/800/999)
- Aleut** (5A/941)
- Eskimo** (5E/935)
- Multiracial:** _____

RETURN THIS COMPLETED FORM & FULL COURSE PAYMENT OF \$530/\$560 (PAYABLE TO "WWU") TO:

Attn: Kathy Bailey MS 5293
WWU-Summer Session Office
516 High Street
Bellingham, WA 98225-5293

PH: (360) 650-2841
FX: (360) 650-3486

- I have also included a check now for:
- I will send a check by May 1, 2007 for:

- \$400 supplement for a private room
- \$530 supplement for a companion to join me

NB: *Private room supplement represents 50% of actual room cost for 5 nights.*

Companion supplement includes shared room, 5 breakfasts and Vancouver-Whistler transportation
The Delta Vancouver Suites and Crystal Lodge (Whistler) require the name(s) of companion(s):

Course Information

Please indicate if you want to earn credit hours or clock hours or neither by checking one of the boxes below:

DEPT.	COURSE NUMBER	COURSE TITLE	3 UNDERGRAD QUARTER CREDITS	40 CLOCK HRS	NEITHER
C/AM	410	STUDY CANADA Summer Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The information above is accurate to the best of my knowledge. I understand that full payment of the course fee is required to reserve my place in the institute and that, in order to withdraw from the course and receive a refund for the course fee or any supplemental fee, I must send email notification to tina.storer@wwu.edu before May 1, 2007.

 Registrant's Signature

 Date