

Team Registration Form



April 16-17, 2009

Pre-conference Session: April 15, 2009

Instructions: This form is for teams of three or more individuals from the same institution only. Please register additional team members on the next page. Full payment is due with registration.

Mr. Ms. Mrs.

Last Name _____ First Name _____ Middle Initial _____

Title _____ E-mail Address _____

Name as you would like it to appear on your nametag _____

Institution _____ Department _____

Institution Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

To register by fax or mail, please return this form to:
2009 Lilly-East Conference on College and University Teaching
University of Delaware
Division of Professional and Continuing Studies
201 John M. Clayton Hall • Newark, DE 19716-7410
Attn: Registrar
302/831-1171 • Fax: 302/831-0701

Conference Registration Fee:

\$380 per person (for teams of three or more individuals from the same institution). Reg. No. 0705202-001-09S-RH

Pre-conference Session:

\$95 (includes book and materials)
Wednesday, April 15, 2009, 1:30 - 4:30 p.m.
Become a Learner-Centered Teacher Today! (Reg. No. 0705200-001-09S-RH)

Special Needs:

Vegetarian (no meat) Vegan (no animal products)
 Other (please specify): _____

Payment:

Enclosed is my check for \$_____ made payable to "University of Delaware"

Please charge \$_____ to my
 Visa MasterCard Discover American Express
Card No. _____ Exp. Date _____
Authorized Signature _____

Purchase order attached Purchase order number: _____

Refund Policy:

Fees may be refunded (less a processing charge of \$50 per person) provided the refund request is made in writing and post-marked before April 8, 2009. No refunds will be given after this date. Refunds will be mailed after the conference.

In the event that this program is rescheduled or cancelled, the University of Delaware is not responsible for any cancellation or change fees assessed by airlines or travel agencies.

This form may be duplicated for additional registrations.

Registration is limited and honored in the order of the date received.

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Participant 2

Last Name _____ First Name _____ Middle Initial _____
Name for name tag _____ E-mail _____
Title _____ Department _____
 Registering for Pre-conference Session: Become a Learner-Centered Teacher Today! Dietary/Special Needs _____

Participant 3

Last Name _____ First Name _____ Middle Initial _____
Name for name tag _____ E-mail _____
Title _____ Department _____
 Registering for Pre-conference Session: Become a Learner-Centered Teacher Today! Dietary/Special Needs _____

Participant 4

Last Name _____ First Name _____ Middle Initial _____
Name for name tag _____ E-mail _____
Title _____ Department _____
 Registering for Pre-conference Session: Become a Learner-Centered Teacher Today! Dietary/Special Needs _____

Participant 5

Last Name _____ First Name _____ Middle Initial _____
Name for name tag _____ E-mail _____
Title _____ Department _____
 Registering for Pre-conference Session: Become a Learner-Centered Teacher Today! Dietary/Special Needs _____

Participant 6

Last Name _____ First Name _____ Middle Initial _____
Name for name tag _____ E-mail _____
Title _____ Department _____
 Registering for Pre-conference Session: Become a Learner-Centered Teacher Today! Dietary/Special Needs _____

Participant 7

Last Name _____ First Name _____ Middle Initial _____
Name for name tag _____ E-mail _____
Title _____ Department _____
 Registering for Pre-conference Session: Become a Learner-Centered Teacher Today! Dietary/Special Needs _____

Participant 8

Last Name _____ First Name _____ Middle Initial _____
Name for name tag _____ E-mail _____
Title _____ Department _____
 Registering for Pre-conference Session: Become a Learner-Centered Teacher Today! Dietary/Special Needs _____

Signature _____ Date _____