

## Amgen Center For Science Learning Professional Development Registration Form

### Register By Mail:

Complete the registration form and send full payment (check or credit card information) to

**California Science Center**

**Professional Development Programs, Attn. Anna M. Gaiter**

**700 Exposition Park Drive Los Angeles, CA 90037**

*(Please make checks payable to the California Science Center Foundation)*

### Register By Fax:

Complete the registration form and send full payment with credit card information to **(213) 744-2052**.

**There is a \$28 service charge on all returned checks.**

### Additional Information:

#### Confirmation Letters:

Confirmations will be sent mail (unless otherwise specified). Please bring your confirmation notice with you, as this will act as your parking pass for the day.

#### Cancellations:

Cancellations must be made one week in advance for each workshop or no refunds will be issued. In the event that the class is cancelled by the California Science Center, we will make arrangements for you to enroll in another class or refund your money.

### Enroll me in the Workshops at the California Science Center!

#### Step 1: Participant Information:

Name:

\_\_\_\_\_

First

Middle

Last

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

Zip Code

#### School or Center Information:

School \_\_\_\_\_ District \_\_\_\_\_ Grade Level \_\_\_\_\_

School Address \_\_\_\_\_

Street

City

Zip Code

#### Step 2: Select the workshop date(s) you want to attend.

February 18, 2012 (\$45) \*     March 16 2012 (\$85)\*\*     March 17, 2012 (\$85)\*\*     March 16 AND 17, 2012 (\$150)\*\*

March 24, 2012 (\$45)\*     April 21, 2012 (\$45)\*     May 19, 2012 (\$45) \*     June 23, 2012 (\$45) \*

(\*The Preschool Hand-on Science Series)

(\*\*The Brain and Learning Symposium)

Total Fee Enclosed \$ \_\_\_\_\_

#### Step 3: Payment Information

Cost of the workshop(s) will be covered by: School or district  Administrator Signature \_\_\_\_\_

*(mandatory if fees paid by the school or district)*

Applicant

Check enclosed

Payment to follow (School purchase order)

Credit Card Payment:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it reads on card: \_\_\_\_\_ Signature \_\_\_\_\_

#### Step 4: Participant Authorization

*I have read and understand the cancellation and registration policies as stated. I hereby waive all claims against the California Science Center Foundation and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in Professional Development Programs. The California Science Center may photograph me during programs and I hereby consent to use of these photographs in Science Center promotional material. In case of emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable.*

Signature \_\_\_\_\_

Date \_\_\_\_\_