



**Center for Transforming Learning and Teaching
EVENT REGISTRATION FORM**

Name of Event: _____

Participant Name: _____ School: _____

Position: _____ District: _____

E-mail: _____ Phone: _____

PAYMENT INFORMATION *(No refunds if cancellation is less than two weeks prior to event.)*

Billing First & Last Name: _____

Phone: _____

Payment may be made by check or credit card.

Check Enclosed _____ (Make checks payable to: CTLT)

Credit Card Information (circle one): Visa Master Card AMEX Discover

Number: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

Billing Address: _____

City, State, Zip: _____

Do you plan to apply for graduate credit? Y__ N__

Mail form to: Jessica Visinsky
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or FAX to: 303.315.6354
or Email to: jessica.visinsky@ucdenver.edu
Questions? Call: 303.315.6363