American Alliance for Theatre & Education National Conference Professional Development Registration Form

| STEP 0 | | | | | | | |
|---|-------|----------|--|--|--|--|--|
| Is this a change of Name or Address?YesNo | | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| Street Address | | | | | | | |
| City | State | ZIP Code | | | | | |
| @ | | | | | | | |
| E-mail Address | | | | | | | |
| Phone (H): | | | | | | | |
| Phone (W): | | | | | | | |
| Soc. Sec. #: | | | | | | | |
| Date of Birth | | | | | | | |

TUITION AND FEES

\$125* per credit/hour (AATE courses) *Tuition for AATE on-site courses only.

| STEP 2 | | | | | |
|---|--|--|--|--|--|
| Have you received credit from Trinity?YesNo* | | | | | |
| * If NO, with this form you must submit a copy of official documentation of an undergraduate degree: a final transcript, Bachelor's diploma, or Teaching License (if degree status is indicated on the Teaching License). | | | | | |
| DEGREE(S) HELD: Please check those that apply to you: | | | | | |
| B.AM.AM.A.TM.Ed. Ed.DPh.DJ.DOther | | | | | |

| STEP 3 Payment Method (must be submitted to register) | | | | | |
|---|----------------------------------|--|--|--|--|
| Personal Check (Made out to | Money Order Γ rinity) | | | | |
| Please complete below when paying by Credit Card: | | | | | |
| American Express | Discover | | | | |
| Master Card | Visa | | | | |
| Account Number: | | | | | |
| | | | | | |
| 3 (or 4) # code on back of card: | | | | | |
| Expiration Date: / | | | | | |

STEP 4 *Please complete the table below:*

| Course # | Course Title | Dates | # of Credits | Cost |
|----------|---|------------------|--------------|----------|
| EDU 510T | Theatre & Education: Learning with AATE | August 1-5, 2018 | 1 | \$125.00 |
| | | | | |
| | | | | |
| | | | Total | \$125.00 |

STEP 6

I understand that I am responsible for and agree to pay all charges I incur at Trinity, whether or not my employer initially agreed to pay my tuition. If I withdraw, I must do so in accordance with the policies and procedures for the semester in which I am enrolling. I understand that if my account becomes delinquent, I will be liable for collection of legal costs. My signature below is approval for the release of my report card to my address above.

| Signature | Date |
|-----------|------|

Return this form with payment to: STEP 6 Please make checks payable to Trinity The American Alliance for Theatre Education C/O Alexis Truitt 718 7th Street NW

Washington, DC 20001

Phone: 202-909-1194

Email: alexis@aate.com

Fax: 202-909-1193