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

STEP 0 Is this a change of Name or Address?YesNo	TUITION AND FEES	STEP 9 Payment Method (must be submitted to register)	
Name: <u>□Mr./ □Ms.</u>	\$125* per credit/hour (AATE courses)	Personal Check*Money Order* * Made out to Trinity University	
Address:Street Address		Please complete below when paying by Credit Card:	
City State ZIP Code	STEP 2 Have you received credit from Trinity?YesNo*	Credit Card: □ Am. Express □ Discover □ Master Card □ Visa	
E-mail Address Phone (H): Phone (W):	* 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	Account Number:	
Soc. Sec. #:	DEGREE(S) HELD: Please check those that apply to you: BA/BSMAMATMEd	3 or 4 # code on back of card:	
STEP <i>O</i> Please complete the table belo		Expiration Date: /	

Course #	Course Title	Dates	Credits	Cost
EDU 510T	Theatre & Education: Learning with AATE	July 29 - August 2, 2020	1	\$125

STEP **5**

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.

5	gnature Date
STEP C Return this form with payment to:	The American Alliance for Theatre Education C/O Alexis Truitt718 7th Street NWEmail: alexis@aate.comWashington, DC 20001 Phone: 202-909-1194 Fax: 202-909-1193