



Educator Registration

Teacher Workshops

(Print clearly in black ink. Do not staple anything to this form.)

Session Code _____

Participant Former villager

Concordia Language Villages Parent Alum Staff

Concordia College Student Alum Staff

Full Name _____
Last First Middle

Language Experience (Languages spoken)

Male Female Birth Date ____ / ____ / ____
Month Day Year

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____ Cell Phone _____

E-Mail (Registration and billing information will be sent to this address.)

Mail or fax completed form with at least your \$35 non-refundable deposit to:

Teacher Workshops
Concordia Language Villages
901 8th St S
Moorhead, MN 56562
(800) 222-4750, ext. 8002
clvforest@cord.edu
Fax (218) 299-3807

Full payment due 21 days before start of program.

Payment Method

Check included VISA MasterCard

Credit Card Number _____

Expiration Date _____

Charge Amount _____

Cardholder Name (Please Print)

Billing Address _____

City _____ State _____

Zip _____ Country _____

Signature _____

Current Teaching Assignment

Name of School _____

Street _____

City _____ State _____

ZIP _____ Country _____

Principal _____

Courses you are currently teaching _____

How did you hear about Teacher Workshops?

Conference _____

Advertisement _____

Mailing _____

Web _____

Friend _____

Other _____

Emergency Contact

Name _____

Relationship to Participant

Daytime Phone _____

Evening Phone _____

Cell Phone _____