

# Educator Registration

## Teacher Seminars

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

**Participant**  Former villager

Full Name \_\_\_\_\_  
Last First Middle

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.)  
\_\_\_\_\_

Concordia Language Villages  Parent  Alum  Staff

Concordia College, Moorhead, Minn.  Student  Alum  Staff

Language Experience (Languages spoken)

### Academic Record

College/University Attended \_\_\_\_\_

Location \_\_\_\_\_

Dates Attended (Month/Year) \_\_\_\_\_

Degree(s) \_\_\_\_\_

### Current Teaching Assignment

Name of School \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

Principal \_\_\_\_\_

Courses you are currently teaching \_\_\_\_\_  
\_\_\_\_\_

### How did you hear about Teacher Seminars?

Conference \_\_\_\_\_

Advertisement \_\_\_\_\_

Mailing \_\_\_\_\_

Web \_\_\_\_\_

Friend \_\_\_\_\_

Other \_\_\_\_\_

Second Language and Immersion  
Methodologies: June 20-June 30, 2010

**Mail or fax completed form with \$150 non-refundable deposit to:**

Teacher Seminars  
Concordia Language Villages  
901 8th St S  
Moorhead, MN 56562  
(800) 222-4750, ext. 8002  
educators@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 \_\_\_\_\_

Why are you applying to participate in this program? (50 – 75 words)

### Emergency Contact

Name \_\_\_\_\_

Relationship to Participant  
\_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Office Use Only** Initials \_\_\_\_\_ Passport \_\_\_\_\_ Code \_\_\_\_\_ Date Received \_\_\_\_\_