

ISEE/CfAO Professional Development Program  
**Re-Thinking Science & Engineering Learning & Teaching**  
**February 20, 2009 (“Re-SELT”) Workshop Registration Form**

Please complete this registration form if you are interested in attending the workshop *Re-Thinking Science & Engineering Learning & Teaching to be held February 20, 2009*.

The registration fee for this 1-day workshop is \$150. In Section II of this application you may request funding/support, which is not guaranteed, but please do not hesitate to apply. You will receive notification of your registration and funding award by February 13, 2009. Please do not begin making travel/accommodation plans until you have received your notification.

<b>Priority Deadline: February 6, 2009</b>
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**SECTION I: Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

M F Ethnicity: \_\_\_\_\_ U.S. Citizen? Yes No

Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Institution/University/Organization/Company: \_\_\_\_\_

Advisor / Supervisor (if applicable): \_\_\_\_\_ email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am interested in attending this Re-SELT workshop because (briefly, not more than 75 words):

**(OVER)**

ISEE/CfAO Professional Development Program  
**Re-Thinking Science & Engineering Learning & Teaching**  
**February 20, 2009 (“Re-SELT”) Workshop Registration Form**

**For STUDENTS To Complete:**

Degree Pursuing: \_\_\_\_\_ Field: \_\_\_\_\_

Expected Grad. Date: \_\_\_\_\_

Degrees Held, Institutions, & Dates Earned: \_\_\_\_\_

Career Interest:

Academia, Research Emphasis

Academia, Teaching Emphasis

Industry

Government

Other \_\_\_\_\_

**For POSTDOCS To Complete:**

Field: \_\_\_\_\_ Date current postdoc ends: \_\_\_\_\_

Degrees Held, Institutions & Dates Earned: \_\_\_\_\_

Career Interest:

Academia, Research Emphasis

Academia, Teaching Emphasis

Industry

Government

Other \_\_\_\_\_

**For PROFESSIONALS To Complete:**

Current Position: \_\_\_\_\_

Degrees Held, Institutions & Dates Earned: \_\_\_\_\_

**SECTION II: Workshop Funding**

The registration fee for this 1-day workshop is \$150 (includes meals); however, funding vouchers are available. Please tell us how you plan to cover those costs:

Item	Amount Requested	Amount funded from your grants, advisor/PI, department, etc.
Registration Fee ( <i>\$150, includes meals</i> )	\$ _____	\$ _____
Local travel / ground transportation ( <i>use \$0.60/mile for personal car rate</i> )	_____	_____
<b>TOTAL</b>	A. _____	B. _____

**I am requesting a funding award of \$** \_\_\_\_\_ (Fill in total from box A above)  
**from CfAO/ISEE.**