

CfAO Professional Development Program
Re-Thinking Science Learning & Teaching (Re-SLT) Workshop Registration Form

Please complete this registration form if you are interested in attending the Re-Thinking Science Learning and Teaching Workshop. This 1-day workshop is required for all 1st time participants in the PDP, and will be offered twice in different locations: November 16, 2007, Maui, HI & November 30, 2007, Santa Cruz, CA.

The registration fee for this 1-day workshop is \$150.00. Section II of this application is a request for a funding, which varies from participant to participant. You will receive notification of your acceptance and travel award by November 2, 2007. Please do not begin making travel/accommodation plans until you have received your notification.

Application Deadline: October 15, 2007

Please send an electronic or hard copy to Hilary O'Bryan, hilary@ucolick.org or fax: 831-459-5717.

SECTION I: Applicant Information

Last Name: _____ First Name: _____ M F

Title: _____ Institution/Organization: _____

Current Address: _____

City: _____ State/Country: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Are you a U.S. Citizen? Yes No

Which Re-SLT Workshop are you interested in attending:

- November 16, Maui, Hawaii (Hawaii residents only)
- November 30, Santa Cruz, California (California residents only)

My interest in participating in the Professional Development Program (PDP) is:

- I am just interested in the Re-SLT workshop (the 1-day workshop)
- I am interested in attending the Re-SLT and the 4-day workshop held on Maui in March
- I don't know yet

Are you available to attend the March 14-17, 2008 workshop on Maui (all 4 days are required)?

- Yes No

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

For STUDENTS To Complete:

Degree Pursuing: _____ Field: _____ Expected Graduation Date: _____

Advisor: _____ Degrees Held & Dates Earned: _____

Career Interest:

- Academia, Research Emphasis
- Academia, Teaching Emphasis
- Industry
- Government
- Other _____

For POSTDOCS To Complete:

Degrees Held & Dates Earned: _____

Career Interest:

- Academia, Research Emphasis
- Academia, Teaching Emphasis
- Industry
- Government
- Other _____

For PROFESSIONALS To Complete:

Current Position: _____

SECTION II: Workshop Funding

The registration fee for this 1-day workshop is \$150.00 (includes meals). Limited funding vouchers are available to increase the number of participants, so please apply only if you have no other source of funding.

Please tell us how you plan to cover the total costs of your attendance at the Re-SLT Workshop:

Item	Amount Requested from CfAO EHR	Amount funded by PI (or other source)
Registration Fee (<i>\$150.00, includes meals</i>)	\$	\$
Airfare or Driving Mileage (<i>0.485/mile driven</i>)		
Accommodations (<i>This will not be necessary for most participants, since they should be able to arrive and depart on the same day.</i>)		
Other		
TOTAL	A.	B.

I am requesting a travel award of \$_____ from CfAO EHR (box A, above).

Fill in total from box A above.