

La Sierra University
School of Education
Summer Institute Registration
Tuesday, July 15, 2008 (8:00 am-3:45 pm)
Helping Struggling Learners: Autism and Learning Disabilities

Last name _____ First _____ Middle _____

Birthdate _____ Social Security _____

Home Address (street): _____ (city/state, postal code): _____

Telephone (area code): _____ (number): _____ ~~Earth~~less _____

Employment (Please Circle):

K-12 teacher College faculty College administrator K-12 Administrator
Other

If applicable, please give SDA Conference name and location: _____

Method of payment: Credit card _____ Check _____ Cash _____

Signature _____

General Instructions:

1. Please complete all information requested and either fax or mail registration along with payment
2. For payment with a credit card, please download the Credit Card form and fax to (951) 785-2230
3. You may mail a check made to La Sierra University in care of School of Education, Lina Soria, 4500 Riverwalk Parkway, Riverside, CA 92515

PaymentOptions:

- | | |
|--|---------------------|
| 1. Pre-registration (till June 15, 2008) | \$90.00 per person |
| 2. After June 15, 2008 | \$100.00 per person |