

# 2009 University of Delaware's Summer Institute ADVANCED PLACEMENT\* PROGRAM

## REGISTRATION FORM

---

Detach and mail with payment to: AP\* Institute, Professional and Continuing Studies, 203 John M. Clayton Hall, University of Delaware, Newark, DE 19716-7410

Course Name	Registration No.
<input type="checkbox"/> Biology (August 3-6)	0703102-002-09J-LM
<input type="checkbox"/> Calculus AB (June 22-25)	0703100-001-09J-LM
<input type="checkbox"/> English Lit. and Composition (June 22-25)	0703106-001-09J-LM
<input type="checkbox"/> European History (June 22-25)	0703105-001-09J-LM
<input type="checkbox"/> Physics (June 22-25)	0703108-001-09J-LM
<input type="checkbox"/> Psychology (June 22-25)	0703301-001-09J-LM
<input type="checkbox"/> Statistics (June 22-25)	0703300-001-09J-LM
<input type="checkbox"/> U.S. History (June 22-25)	0703103-001-09J-LM

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

School/Organization \_\_\_\_\_

Home Address \_\_\_\_\_

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

Telephone Numbers (Home) \_\_\_\_\_

(School) \_\_\_\_\_

**Price:** For registrations received on or before June 8, 2009, the cost of the AP\* Institute is \$850. For registrations received on or after June 9, the fee is \$875. (For the Biology session taking place August 3-6: cost is \$850 for registrations received on or before July 20, 2009; \$875 beginning July 21, 2009.) You are not registered until payment has been received, after which you will be mailed a confirmation. Your school may send a letter of intent as a guarantee to pay.

**Group Discount:** 15% discount per participant for schools or districts with three or more attending, when registering at the same time.

**Refund Policy:** If the course is cancelled by the University of Delaware, a full refund is provided. A full refund will be given for written cancellations received two weeks prior to the start date of the institute. No refunds will be given after this date. Substitutions from your school district are allowed.

Check for \$\_\_\_\_\_ made payable to the University of Delaware enclosed.

Please charge \$\_\_\_\_\_ to my

MasterCard  Visa  Discover  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

School/organization purchase order/letter of intent signed by supervisor is enclosed.

**Register by fax (302/831-0701), telephone (302/831-1171), or the Internet ([www.pcs.udel.edu/noncredit/reg/](http://www.pcs.udel.edu/noncredit/reg/)) if paying by credit card. You also can register by fax or telephone if paying by purchase order.**