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Seattle Pacific UNIVERSITY

### Brain Rules for Education Registration Form

Please Print

<b>Mail to:</b> Center for Professional Education Seattle Pacific University 3307 Third Ave. W. Suite 209 Seattle, WA 98119		<b>Fax:</b> 206/281-2271 <b>Call:</b> 800/589-4038 <b>Web</b> www.spu.edu/SPIRAL <b>E-mail:</b> conted@spu.edu	
<b>Name:</b> Last:	First:	Middle:	Former:
<b>I have taken a course through SPU.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Current Teaching Situation:</b> <input type="checkbox"/> Elementary Teacher (grade) _____ <input type="checkbox"/> Substitute <input type="checkbox"/> Administrator <input type="checkbox"/> Not currently teaching <input type="checkbox"/> Secondary Teacher (subject) _____ <input type="checkbox"/> Other _____	
<b>Permanent Address:</b> Street:		City:	State:      Zip:
<b>Phone:</b> Work (      )		Home (      )	<b>E-mail:</b>

Please select which date you are registering for:

- Thursday, June 25, 2009; 8:30am – 4:30pm
- Thursday, July 16, 2009; 8:30am – 4:30pm

If paying by credit card, please register online. If paying by check or Purchase Order, please fill out the information below:  
**Payment method:**

**Payment Options:** Choose one of the following methods (A or B). Payment or copy of the PO must be received at the time of registration.

**A**  **Check** enclosed for:  Full Payment of \$ \_\_\_\_\_ (Make all checks payable to SPU; Do not send cash)

**B**  **Purchase Order** Number \_\_\_\_\_ from \_\_\_\_\_  
(Name of school, district or organization)

\_\_\_\_\_  
(Address)

PLEASE NOTE: Student is responsible for charges until purchase order is processed. A copy of the PO should be attached.

I would like a receipt for payment sent to me.