



2010 Registration Form for Non-Nevada Teachers

Personal Information (please print clearly)

Last Name: _____ First Name: _____

Preferred First Name for Badge: _____

Home Address: _____

City, State, ZIP: _____

E-mail(s): _____

Home Phone: _____ School Phone: _____

School Name: _____

School Address: _____

City, State, ZIP: _____

How did you learn of SSAPSI? AP Central AP 1-day Workshop Postcard
 Previously attended SSAPSI Other _____

Please check the Institute session you wish to attend: (You must check ONLY ONE session below)

*Note: New sessions are generally recommended for teachers with fewer than 3 years of teaching the course.

Pre-AP Professional Development

- English
- Mathematics
- Science
- World Languages & Cultures

AP English

- English Language—New*
- English Language—Experienced*
- English Literature—New*
- English Literature—Experienced*

AP Fine Arts

- Music Theory
- Studio Art

AP Mathematics

- Calculus AB—New*
- Calculus AB—Experienced*
- Computer Science A
- Statistics—New*
- Statistics—Experienced*

AP Sciences

- Biology—New*
- Biology—Experienced*
- Environmental Science
- Chemistry
- Physics B

AP Social Studies

- Economics—Macro & Micro
- Government & Politics—US—New*
- Government & Politics—US—Experienced*
- US History—New*
- US History—Experienced*
- World History

AP World Languages

- Chinese Language & Culture
- Spanish Language

_____ Number of years teaching the AP course (or content area, if Pre-AP) checked above,
including the 2009–10 school year.

(over)



2010 Registration Payment Form for Non-Nevada Teachers

Personal Information (please print clearly)

Last Name: _____ First Name: _____

Payment Information:

Tuition for all sessions is \$650.00. (after May 31, \$700.00)

Payment Method (check one):

Check Money Order Purchase Order (see below) Credit Card (see below)

**Make checks, money orders, or purchase orders payable to *Silver State AP Summer Institute*.
Please reference ALL participants' names on checks and POs if paying for more than one participant.**

If paying via Purchase order, indicate the school/district where an invoice should be sent.

Name of School/District: _____

Purchase Order Number: _____ Name of Responsible Party _____

School/District Billing Address: _____

School/District City, State, ZIP: _____

School/District Phone: _____ School/District Fax: _____

Credit Card Type: Visa MasterCard

Name on Card: _____

Credit Card Number: _____ Card 3-digit CSV: _____

Expiration Date: _____ Signature: _____

Credit Card Billing Address: _____

Credit Card Billing City, State, ZIP: _____

Cancellation Policy: A full refund of tuition paid will be made if a written notice of cancellation is received by June 1, 2010. After June 1, refund will be reduced by a \$50 cancellation fee. Registrants of any sessions cancelled by *Silver State AP Summer Institute* due to low enrollment will receive a full refund.

Send Registration Form and Payment to: Silver State AP Summer Institute
Attn: David Thiel
3950 S. Pecos-McLeod., Suite 2-C
Las Vegas, NV 89121

Or Fax to: (702) 855-6179
Attn: David Thiel