



# UC IRVINE EXTENSION

## ENROLLMENT FORM

Quarter/Year & REG #	COURSE DEPARTMENT NAME AND #/TITLE	FEE
FA/10 & #00635	EDUC X372.9 Critical Issues in GATE	\$120.00
	<b>TOTAL</b>	<b>\$120.00</b>

**ASSIGNMENT:**

To receive 1 unit of credit, participants must attend a minimum of 5 hours of live and/or archived virtual conference sessions from Saturday, November 13<sup>th</sup> and submit this form along with the two following assignments: a 2-3 page reflection paper summarizing what you learned from each of the five sessions attended AND a 1-2 page lesson plan highlighting strategies from a single session.

Mail enrollment form, reflection paper, lesson plan, and payment to: UCI Extension, Education Programs, PO Box 6050, Irvine, CA 92616 **before December 11, 2010.**

**STUDENT INFORMATION: (Please print clearly)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Local Address \_\_\_\_\_

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

\*Social Security Number - - - Date of Birth / / Gender [ ] Male [ ] Female

Day Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Please indicate which of the 2010 NAGC Virtual Conference sessions you attended:

(Check all that apply and specify the title of each individual session for verification purposes- All times listed in ET)

- 7:30am – 8:30am ET Breakout Session (Title: \_\_\_\_\_)
- 8:50am – 10:20am ET General Session with Carol Dweck
- 10:40am – 11:40am ET Breakout Session (Title: \_\_\_\_\_)
- 11:55am – 12:40pm ET Breakout Session (Title: \_\_\_\_\_)
- 1:15pm – 2:15pm ET Breakout Session (Title: \_\_\_\_\_)
- 2:30pm – 3:30pm ET Breakout Session (Title: \_\_\_\_\_)
- 3:45pm – 4:45pm ET Breakout Session (Title: \_\_\_\_\_)
- 5:00pm-6:30pm ET E. Paul Torrance Creativity Lecture

**PAYMENT INFORMATION:**

Check one: [ ] Check (**Payable to UC Regents**)

[ ] American Express [ ] MasterCard [ ] Visa

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

\*By Regental authority, we request your social security number in order to verify your identity for accurate record keeping. Although providing your social security number is voluntary, it is requested for tax purposes, to provide evidence of fee payments that may entitle you to tax credits under the Taxpayer Relief Act of 1997. Please visit [http://www.fs.uci.edu/TRA97/UCI\\_tra.htm](http://www.fs.uci.edu/TRA97/UCI_tra.htm) for more information. Providing your social security number also allows you to create an online user account at [www.unex.uci.edu](http://www.unex.uci.edu) so that you may view your unofficial transcripts and grades, order official transcripts, and update your contact information. Please visit [http://www.reg.uci.edu/facnet/student\\_records.html](http://www.reg.uci.edu/facnet/student_records.html) for privacy policies concerning information requested on this form.