NAEA Professional Development Course Registration Request

Please complete the form as indicated below and return to Leo Kirchhoff, the CSU, Chico registration staff member at the convention. You can also register by phone, by mailing this completed form to the CSU, Chico Regional & Continuing Education office at the address below, or online at rce.csuchico.edu/naea. The registration deadline, or postmark deadline for mailed registrations, is December 1, 2015. A $10 late fee will be assessed for registration requests received after this date.

Name: Last ___________________________________________ First _______________________________ M.I. __________________

Have you previously received credits from, applied to, or attended CSU, Chico? ☐ No ☐ Yes

If yes, and different than shown above, name on student record: ____________________________________________ ____________________________________________ ____________________________________________ ____________________________________________

Date of Birth: ____ / ____ / ____ or | | | | | | | | | | Gender: ☐ M ☐ F

Chico State ID Number

Address: ____________________________________________ ____________________________________________ ____________________________________________ ____________________________________________

Phone: (__________) ___________ - ___________ Email: ____________________________________________ ____________________________________________ ____________________________________________ ____________________________________________

Course: EDUC 852A-201 Title: NAEA: Transformative Ldrshp Term: Fall 2015 (2158) Date: 8/24-12/11, 2015

Unit(s): 3 units Instructor: Cris Guenter Cost: $180.00 Class ID#: 6061

Courses numbered 800-899 may be valid for professional credit at the discretion of your local school district. 800-level courses do not meet degree requirements unless approved by the appropriate CSU, Chico department.

Payment Method: ☐ Check ☐ VISA ☐ MasterCard

Card Number: ____________________________________________ ____________________________________________ ____________________________________________ ____________________________________________

Card Expiration (Month & Year) _____________________ 3 Digit Security Code: ____________ Street Address Number: _____________________ Card Zip Code: ____________

Name on Card: ____________________________________________ ____________________________________________ ____________________________________________ ____________________________________________

Signature: ____________________________________________ ____________________________________________ Date: ____________________

CSU, Chico Regional & Continuing Education Address: 400 W. First Street, Chico, CA 95929-0250 Phone: (530) 898-6105 Email: rce@csuchico.edu Web: rce.csuchico.edu