



The Foundation for Private Enterprise Education
Washington Business Week

EDUCATOR
2012

Download a fillable pdf at www.wbw.org or
 please print or type legibly.

***** AS AN EDUCATOR, YOU WILL EARN 40 CLOCK HOURS FOR ATTENDING THIS PROGRAM *****

 Last Name First Name School Name County

 Home Mailing Address City State Zip Code

 Home/Cell Phone Number School Phone Number School Email Summer Contact Email

T-Shirt Size: Small Medium Large XL 2XL 3XL **Gender:** Male Female **Date of Birth:** _____

Choose your week to attend:
 Please indicate your preferred week, using #1 as your first choice and #2 as your second choice. All efforts will be made to honor your first choice.

____ Week 3: Central Wash. Univ., Ellensburg July 22-28, 2012
 ____ Week 4: Pacific Lutheran Univ., Tacoma Aug 5-11, 2012

Teaching Background:

 Supervisor's Name Teaching Assignment 2011-12

 Professional Organizations

 # of years teaching # of years at current district

Program Cost

Refund Policy

Includes 6 days/nights' of meals, lodging, and program materials.

Total per participant cost to operate the program is \$1200.
 Contributions from Business Week sponsors cover much of that cost.
YOU PAY JUST \$455!!!

Students & Educators from outside WA, OR, ID & AK are welcome to attend at the full program cost of \$1200.

A full refund is given if you cancel at least three weeks prior to the first day of your scheduled week.
 A partial refund will be given if you cancel less than three weeks prior to the first day of your scheduled week. You will be refunded all but \$50.
 Once your scheduled week of attendance begins, no refunds will be given except for valid medical reasons. If this is the case, your registration fee less \$100 will be returned.

Payment Information

You may choose to include your \$455 registration fee along with your form. Please select an option:

- \$455 registration fee enclosed (make check or money order payable to *Washington Business Week*).
- Please send me an invoice for the \$455 registration fee.
- Please charge my credit card for the \$455 registration fee.
- My district will not pay for me to attend and I need some financial assistance, if possible.

Card Type: Visa M/C American Express Discover **Amount to be charged: \$** _____

Account #: _____ Expires: _____
 Name on Card: _____ CVV# _____
 Billing Address: _____ Phone: (____) _____
 City: _____ State: _____ Zip Code: _____

- a. I CONSENT TO A CRIMINAL BACKGROUND CHECK.
- b. I agree to attend Washington Business Week for professional development purposes.

I support this individual's request to attend Washington Business Week for professional development purposes.

 Signature Date Supervisor's Signature Title

Washington Business Week and the Pathways are programs of The Foundation for Private Enterprise Education 501(c)(3). We provide equal opportunity to participate in all the rights, privileges, and activities sponsored by the organization regardless of the participant's race, color, sex, national or ethnic origin, religion, or sexual orientation. The Foundation does not discriminate in the administration of its educational scholarship policies and strives to provide every student full opportunity of participation in all scheduled activities.