



The Foundation for Private Enterprise Education
Washington Business Week
 This Form May Be Copied.
 Apply online at www.wbw.org or please print or type legibly.

**EDUCATOR
2010**

***** 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 _____
 Phone Number (indicate: HOME or SCHOOL) _____ Email (indicate: HOME or SCHOOL) _____
T-Shirt Size: Small Medium Large XL 2XL 3XL **Gender:** Male Female

SR

Choose your week to attend:
 Please indicate your preferred weeks, 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 18-24, 2010
 ___ Week 4: Pacific Lutheran Univ., Tacoma August 1-7, 2010

Teaching Background:

Supervisor's Name _____ Teaching Assignment 2009-2010 _____
 Professional Organizations _____
 # of years teaching _____ # of years at current district _____

Program Cost

Refund Policy

Balance to be paid by Participants: \$325
 Includes 6 days/nights' of meals, lodging, and program materials.

Total per student cost to operate the program is \$950.
 Contributions from Business Week sponsors cover \$625 of that cost.
YOU PAY JUST \$325!!!

Students & Educators from outside WA, OR, ID & AK are welcome to attend at the full program cost of \$950 as the \$625 sponsorships are from WA businesses.

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 \$325 registration fee along with your form. Please select an option:

- \$325 registration fee enclosed (make check or money order payable to *Washington Business Week*).
- Please send me an invoice for the \$325 registration fee.
- Please charge my credit card for the \$325 registration fee.
- My district will not pay for me to attend and I need financial assistance.

Card Type: Visa M/C American Express Discover **Amount to be charged:** _____
 Account #: _____ Expires: _____
 Name on Card: _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____

If accepted, 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.