
Advanced Placement Summer Institute Registration Form

Please print clearly

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Home Phone: _____ **Email:** _____

Employment Information

School Name & Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Teaching Experience:

- Less than 2 years
 2 years or more

Room & Board (\$325)

Are you staying on campus? Yes No

If YES, will you be bringing a non-participant adult guest? (Meals not included) Yes No

Guest Name: _____

Course Information

Course name* (\$925): _____

Graduate credit (\$250) Yes No

**For Chemistry, add a Lab Fee of \$50*

Payment Information:

A non-refundable deposit of \$100 or payment in full is due at registration.

For any questions about registration or payment, please call 1-800-752-4723 or 207-893-7841.

Total Amount Submitted: _____

- Check or Money Order (Make payable to: Saint Joseph's College of Maine)
- Voucher/PO #: _____
- Credit Card #: _____
- Card Expiration: _____
- Security Code: _____
- Billing Zip Code: _____

Submit form to: Saint Joseph's College of Maine
Online Division
Attn: June Irvine
278 Whites Bridge Road
Standish, ME 04084
By Fax: 207-893-7707 or email: summer@sjcme.edu

**SAINT JOSEPH'S
COLLEGE ONLINE**

