



2018 Professional Development Fall Seminar

Name: _____ M _____ F _____

Home address: _____ Apt.# _____

City: _____ ST _____ Zip _____

Preferred phone number: _____

Preferred email address: _____

Emergency contact name/cell: _____

School name: _____

District: _____

Business office contact: _____ email/phone _____

PLEASE ENROLL ME IN THE FOLLOWING COURSE:

FOR COURSE CODES AND DATES PLEASE GO TO www.ap.tcu.edu

Course # _____ Title: _____

_____ \$175 by Sept 8 _____ \$190 after Sept 8

Please make your selection below:

- _____ Sierra Turkey Sandwich Boxed Lunch
- _____ Ham and Swiss Sandwich Boxed Lunch
- _____ Mediterranean Vegetable Sandwich Boxed Lunch
- _____ Tuna Salad Sandwich Boxed Lunch
- _____ Greek Salad Boxed Lunch

For payment with a purchase order, fax or mail this form with your purchase order. If paying with a credit card, please go to our website at www.ap.tcu.edu.

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