



**TEACHER PROFESSIONAL DEVELOPMENT PROGRAM APPLICATION**

Please fill out this form completely. Fax, mail, or email to COSI. Thank you for PRINTING!

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

YES! I would like to receive COSI's monthly *Teacher e-News* by email.

Please check (✓) the program(s) you would like to attend:

- CSI: The Science of Solving Crimes**, June 16-17, 2009, 8:00am to 4:00pm daily, \$113
- Inquiry Into Genetics & Biomedical Technology**, June 18-19, 2009, 8:00am to 4:00pm daily, \$113
- Inquiry Into Climate Change**, June 22-23, 2009, 8:00am to 4:00pm daily, \$113
- Inquiry Into Energy**, June 24-25, 2009, 8:00am to 4:00pm daily, \$113
- Inquiry Into Astronomy**, July 9-10, 2009, 8:00am to 4:00pm daily, \$113
- Lost Egypt**, July 13-17, 2009, 9:00am to 3:00pm daily, \$226
- Inquiry Into Science & Literature**, July 20-21, 2009, 8:00am to 4:00pm daily, \$113
- Slip & Slide Science: Inquiry Into Force & Motion**, July 22-23, 2009, 8:00am to 4:00pm daily, \$113

**PHOTO RELEASE - COSI HAS / DOES NOT HAVE** (please circle one) permission to photograph me during the hours of the COSI Teacher Program for promotional purposes, including, but not limited to, press releases, COSI promotional material, etc. **Please initial** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT INFORMATION**

Check # \_\_\_\_\_ PO # \_\_\_\_\_  
(a copy of your PO must be attached)

Credit card **Please Circle Type :**                      **VISA**                      **MASTERCARD**                      **DISCOVER**

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ (MM/YYYY)

Name as it appears on card \_\_\_\_\_ Amount to charge \$ \_\_\_\_\_

**OVER**

**CANCELLATION POLICY**

To receive a full refund, cancellations must be made before the registration deadline. Cancellations after the registration deadline may be applied to another COSI Teacher Professional Development program or participants will receive their reimbursement in COSI Bucks.

**APPLICATION SUBMISSION**

Registration deadline is one week prior to date of program. A confirmation email will be sent to you on receipt of your registration. You may apply by email, mail, or fax.

**Email application to:**

cmarkham@mail.cosi.org

**OR**

**Mail application to:**

COSI Teacher Programs  
Attn: Corey Markham  
West Broad Street  
Columbus, OH 43215

**OR**

**Fax application to:**

614.629.3226, attn: Corey Markham

**QUESTIONS?**

For more information, please email [teacherprograms@mail.cosi.org](mailto:teacherprograms@mail.cosi.org) or call 614.228.COSI (2674). Thank you!