



## Registration Form

### 2010 Institute for Allied Health Educators

#### Phase II: Advances in Educational Methods for Allied Health Educators

- Session 1: June 9, 2010
- Session 2: June 16, 2010
- Session 3: June 23, 2010
- Session 4: June 30, 2010

**REGISTRATION DEADLINE: May 31, 2010**

(Please type or print the following)

Full Name: \_\_\_\_\_

Preferred First Name or Nickname: \_\_\_\_\_

School or Institutional Affiliation (if any):  
\_\_\_\_\_

Title/Academic Rank (if any): \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State (if USA): \_\_\_\_\_

Country (if other than USA): \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Highest degree(s)/certification(s) attained: \_\_\_\_\_

If you currently hold an academic position, please indicate if your appointment is:

- \_\_\_ Full time
- \_\_\_ Part time

Please indicate if you are willing to have your name and contact information listed in the directory of participants:

- Yes
- No

How did you learn about the ADEA/AAL IAHE?

- |  |  |
|--|--|
| <input type="checkbox"/> Referral from dean/administrator/<br>department chair | <input type="checkbox"/> Internet search                           |
| <input type="checkbox"/> Referral from colleague                               | <input type="checkbox"/> Ad in dental journal*                     |
| <input type="checkbox"/> ADEA website  | <input type="checkbox"/> Specialty organization website*           |
| <input type="checkbox"/> ADEA newsletter/e-mail                                | <input type="checkbox"/> Specialty organization newsletter/e-mail* |
| <input type="checkbox"/> Academy for Academic Leadership e-mail                | <input type="checkbox"/> Other*                                    |

\* - please specify: \_\_\_\_\_

**The registration fee for the ADEA/AAL IAHE is \$395.**

To pay by credit card, please write your credit card number and expiration date on the "Address" lines below. The Academy for Academic Leadership will e-mail a receipt to you.

If you wish to be invoiced for the registration fee, or if you wish your institution to be invoiced, please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agreement to Participate:**

I understand that if I am selected to participate in the ADEA/AAL IAHE, I am required to attend all activities and complete all assignments throughout the program. I understand that, once I am accepted, the tuition fee of \$395 is due within 30 days of receiving acceptance into the program. Failure to submit the tuition by the deadline will result in the loss of my position in the program. After May 31, 2010, withdrawal from the program for any reason will result in the forfeiture of 50% of the tuition. I also understand that the conduct of this program is contingent upon adequate enrollment and factors beyond the control of the Academy for Academic Leadership. Should the program be cancelled for any reason, I will receive a full refund of any tuition paid to the Academy for Academic Leadership. The Academy for Academic Leadership is not responsible for other costs that I incur as a participant in the program. I understand that the Academy for Academic Leadership is not a placement agency and makes no promise of employment as a result of participation in the program. My typed or signed name and submission of this form constitutes my Agreement to Participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax to 404-350-2099 or mail to:

**Academy for Academic Leadership – IAHE  
1870 The Exchange  
Suite 100  
Atlanta, GA 30339**