THE INFINITY PROJECT

Professional Development Institute (PDI)
Registration Form

Instructor Information:

First Name _____ MI _____ Last Name _____

Home Mailing Address _____ City _____ State _____ Zip _____

Home Phone (_____)_____ Mobile Phone (_____)_____ Other Phone (_____)_____

Primary e-mail _____ Alternative e-mail _____

Institute's Information:

School Name: _____

School Mailing Address: _____ City _____ State _____ Zip _____

School Phone (_____)_____ School Fax (_____)_____ Website _____

Emergency Contact Information: In the rare case that an emergency arises during training, we need to have contact information for a family member or friend:

1st Choice:
Name _____ Relation _____

Phone (____)_____ Mobile Phone (____)_____

2nd Choice:
Name _____ Relation _____

Phone (____)_____Mobile Phone (____)_____

❑ If you need **Special Assistance** due to a disability, please check here. Describe your needs below and provide an evening phone number.

_____

Training Institutes: (Cost for 5-day PDI per Instructor)

Select	Course(s)	Date	Location	Cost
___	**Engineering Design**	**June 23 – 27, 2014**	**SMU, Dallas, TX**	**$2,000.00**
___	**Math for Innovators**	**July 21 – 25, 2014**	**SMU, Dallas, TX**	**$2,000.00**
___	**Engineering for Today's Intermediate**	**August 4 – 8, 2014**	**SMU, Dallas, TX**	**$2,000.00**
			Total Amount Enclosed	**$ _____**

Method of Payment:

❑ Credit card: __ Discover __Mastercard __VISA

Credit Card # _____ Expiration Date _____ Signature _____

❑ School Purchase Order (copy attached) PO No. _____

❑ Check No: _____ (no personal checks) Institutional check only and made out to SMU

❑ Money Order/Travelers Check #: _____

Mail or fax completed form with payment to: The Infinity Project, P.O. Box 750278, Dallas, Texas 75275-0278, Fax: 214-768-4007, Phone: 214-768-4038, Email: ipmail@infinity-project.org

Updated 1/16/2014