

REGISTRATION FORM: TEACHER TRAINING AT ABER SUZUKI CENTER

CONTACT INFORMATION

Last Name:		First Name:	
Address:			
City:	State/ Province:	Country:	ZIP Code:
Daytime phone:	Cell Phone	*Email address:	

*This email must belong to someone at least 18 years of age. It will be used for communication and for Zoom classes

Date of Birth (if under 18)	Gender	SAA Membership Number and Exp.
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FEE SCHEDULE

Every Child Can!©	\$150	_____
Short-term Teacher Training Course - Book 2 or above.....	\$475	_____
Required: Addition of 5% credit card convenience fee for all credit card payments		
	TOTAL	_____

Please indicate the Unit and name of the trainer

PAYMENT INFORMATION

My check or money order, payable in US dollars to ASC/UWSP, is mailed or enclosed in the amount of \$ _____

I will use the link below to make a credit card payment ([including the 5% credit card convenience fee](#))
[Click here to make a credit card payment](#)

MUST BE SIGNED BY ALL ADULTS REGISTERING FOR ASC CLASSES

I understand that ASC may take photographs and/or videos of ASC participants and activities. I agree that the Aber Suzuki Center shall be the owner of and may use such photographs and/or videos relating to the promotion of future events. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

I voluntarily indemnify and hold harmless the University of Wisconsin-Stevens Point, the Board of Regents of the University of Wisconsin System, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of my participation in the Suzuki program and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents while acting within the scope of their employment or agency.

I agree that typing my name below is intended to authenticate this writing and to have the same force and effect as a manual signature.

Signature

Date

Options to Return Completed Forms:

Submit Button or **Email** to suzuki@uwsp.edu
Postal Service: Aber Suzuki Center, UW-Stevens Point
 1800 Portage St
 Stevens Point, WI 54481
Fax: 715-346-3858

When the submit button is clicked, an email will pop up with the completed form as an attachment. You will need to click "Send". If this does not happen, please save the form and email it as an attachment yourself to suzuki@uwsp.edu. Thank you!