

UNIVERSITY OF THE PACIFIC

Registration for Credit by attending CRA Webinars

The units require attendance and participation throughout the webinars. Participation will be recognized by active comments in the Chat Section of Zoom at the beginning, middle and end of event and a takeaway at the conclusion.

For \$80, you can earn 1 unit for attending 3 webinars.

Dates planned: September 16, 2021-Author Dan Gutman, November 2021(tba) and January 2022 (tba)

To earn the units, check in on time with your full name, where you are from and what you teach.

Also be sure to post chats throughout the sessions.

If you plan to attend more CRA webinars for credit you may wait to mail this registration form.

Directions:

- Download registration form from the CRA website or use the form below.
- Mail completed form to Lynn Gurnee at 86 Esparito Ave. Fremont, CA 94539
- Attach check made out to UOP for \$80.
- Or fill in your credit card information

If you have any question re: units, please contact Lynn Gurnee at lynn@gurnee.org

PLEASE COMPLETE FORM & PRINT CLEARLY
UNIVERSITY OF THE PACIFIC

THIS FORM VOID IN OHIO

➤ Seminar Date: 9/09/21 to 6/30/22
➤ City / State: Fremont, CA

CHECK ENCLOSED - PAYABLE TO UNIVERSITY OF THE PACIFIC
 VISA OR MASTERCARD NUMBER - -
EXPIRATION DATE: - Charge \$_____ to my credit card.
month year
"Required to Process"

Signature _____
(S25 fee for retruned checks/declined credit cards.)

Post-baccalaureate semester units of credit from University of the Pacific, Center for Professional & Continuing Education, Professional Development Courses are for graduate participants who are NOT pursuing an advanced degree at UOP. Acceptable where local districts approve and applicable to state licensing where authorized. Tuition fees are nonrefundable. UOP is fully accredited by WASC.

REGISTRATION FORM

Highest Degree earned _____ From _____
Previously enrolled in Professional Development from UOP? YES NO

PLEASE PRINT NEATLY WITH A **DARK BLACK OR BLUE PEN** **JKJ**

Enrollment Date 9/09/21 Completion Date 6/30/22

COURSE NUMBER: **COURSE TITLE:**

E D U P 9 1 2 3 **Instructional Leadership**

AREA CODE & PHONE NUMBER

S.S. # _____ HM: _____ BIRTHDATE _____
WK: _____

NAME _____
LAST FIRST MI

ADDRESS _____
CITY STATE ZIP _____

E-mail Address (Optional): _____

Please enroll me in:
Number of Semester Units of Credit.....
Fee Per Unit..... \$ **80**
Tuition Submitted.... \$ _____