



TEACHER WORKSHOP REGISTRATION

Registration Procedure

1. Complete and submit this form to the Dallas Zoo Education Dept.
2. **Submit To** 650 So. R.L. Thornton Fwy, Dallas, TX 75203
Ph: 469-554-7300 Fax: 469-554-7382 Email: education@dallaszoo.com

Name: _____ M F

Primary Telephone: _____ Participant Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Grade Level Taught: _____ Subject(s) Taught: _____

School Name: _____ District: _____ Public Private Homeschool

School Address: _____ City: _____ State: _____ Zip: _____

School Telephone: _____ School Fax: _____

**Participants must stay for the full workshop to receive CPE credit.*

**Workshop fees are non-refundable or transferable.*

**One educator per registration form please.*

WORKSHOP TITLE	DATE	COST
1.		\$ _____
2.		\$ _____
3.		\$ _____
REGISTRATION TOTAL		\$ _____

PAYMENT: Check one. (Payment must be received at time of registration)

DZS Membership # (if applicable) _____

CHECK – TX driver's license # required: _____ Check # _____

*Dallas Zoo Management's returned check policy states that all checks returned marked "NSF" will be charged a \$25 fee, and will result in the cancellation of your program registration.

CREDIT CARD (select one): Visa Master Card American Express Discover

Card Number: _____ Expiration Date: _____

Billing Address: Same as home Other: _____

Signature: _____

How did you hear about us? Please check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Zoo Newsletter or Email | <input type="checkbox"/> Past Class/Camp Participant |
| <input type="checkbox"/> While Visiting the Dallas Zoo | <input type="checkbox"/> Dallas Zoo Website | <input type="checkbox"/> Received a Brochure |
| | | <input type="checkbox"/> Other: _____ |

Check here if you do not want to be on the Dallas Zoo Education mailing list.

Questions? Email education@dallaszoo.com or call (469) 554-7300