

May 8 – 13, 2012 NJ Area Teacher Accreditation Week with Pam Towne / Aston, PA (arrival Mon eve, May 7)
Daniel Pienciak, HOST
Registration ~ PAYMENT Form

PLEASE PRINT !

Name _____ Email _____

Phone _____ Mailing Address/Zip _____

CANDIDATES: READ ALL ACCREDITATION INFORMATION AT www.taichichih.org!

Your deposit of \$325 is needed to hold your space in the course and accommodations. Tuition: \$ 450.00

Room/Board/MtngRm Pckg: approx. \$415.00 Total: approx. \$865

(It is possible that a small adjustment in retreat house expense fee may be necessary).

Auditing Teachers: (There is NO FEE for accredited teachers to audit the teacher training course). You will pay for room/board (\$60perday/night), or daytime commuter fee only (\$10day).

I ENCLOSE PAYMENT for the following: **Check appropriate choices, please!**

TUITION for ACCREDITATION:

___ Tuition for Accreditation Course (candidates) ___\$450 full pmt. ___ \$225 deposit

ACCOMMODATIONS/MEALS:

Note: There is NO special overnight accommodations rate without meals included - sorry!

AND: Overnight rate may be slightly less if you choose double occupancy per person).

___ 6 nights w/meals (Mon eve 5/7 thru Sun noon 5/13) ___\$415 full pmt. OR ___ \$100 deposit

___ Specific nights as an auditing teacher *only*: ___ # of nights w/meals @ \$60 per night.
(Please LIST which nights you will be with us: _____)

___ I will commute as an auditing teacher ___ \$10 per day List which days: _____
___ \$6 breakfast ___ \$8 lunch ___ \$10 supper (indicate number of meals for each).

PAYMENT INFO: (check or US money order ONLY). PLEASE REMIT ONE CHECK for Teacher Training Tuition and Room/Board if paying in full.

SIGN below to acknowledge your agreement as follows: (required!)

In remitting payment, I understand and agree that cancelling my commitment will result in a loss of a portion of the funds paid, and that this loss could be as much as 50% of total funds paid for tuition and/or for room/board.

I also acknowledge that no refunds will be issued if I am not accredited (at the Teacher Trainer's discretion) at the end of this course.

I understand in registering that I MUST HAVE THE SIGNATURES OF TWO REFERRING ACCREDITED T'ai Chi Chih Teachers BEFORE MY REGISTRATION WILL BE COMPLETE.

Signature: _____ Date: _____

Amount enclosed: \$ _____ check # _____ FOR: ___ deposit ___ full pmt
___ my balance due (*I have already sent my deposit*)

It is advisable that you make a copy of this and other forms for your records before remitting.

CHECKS PAYABLE TO:DANIEL PIENCIAK

Mail to: AJ / TCC Accreditation, PO Box 231, Bradley Beach, NJ 07756. Thank you!

CANDIDATE REGISTRATION Form for TCC Teacher Accreditation Course

May 8 - 13, 2012 / Aston, PA

Please PRINT all information clearly.

IMPORTANT: Please note that your acceptance into the teacher training course is pending two teacher referral signatures on the completed referral form. The **original** is to be **mailed to the trainer**, and a copy is to be mailed with this registration form to the course host. Thank you. Our trainer for this course will be **Pam Towne**.

ALL INFORMATION MUST BE COMPLETED! PLEASE PRINT CLEARLY!

YOUR NAME

(as it is to appear on your teaching certificate): _____

Your Email Address _____

Your Mailing Address _____

Phone number: Home _____ Other _____

Referring TCC Teacher Information: Teacher 1: Name _____

Phone _____ Email Address: _____

Mailing Address: _____

Referring TCC Teacher 2: Name _____

Phone _____ Email Address _____

Mailing Address _____

Your primary TCC Teacher (if different from the two referrals listed above):

Name: _____ Email or phone: _____

Your Preparation Information:

How did you first learn TCC? _____

How long have you been practicing TCC regularly? _____

Please list recent major preparation TCC events/workshops which have you attended: _____

Your Agreement with the TCC Teacher Trainer and Course Host:

I, _____ understand that my final acceptance into this course is dependent upon two referring signatures from accredited T'ai Chi Chih Instructors. I also understand that my registration and payment of tuition is NOT a guarantee of my being accredited as a TCC Teacher. I acknowledge that the TCC teacher trainer will make this determination upon completion of the course, and that this decision could necessitate my repeating this trainer course at a future time in order to receive a teaching accreditation certificate. I agree that in the event of denial of accreditation, there will be no refund of any payment which I have remitted.

I also understand that my needing to cancel my commitment to attend this course for any reason is likely to result in some loss of paid tuition and also room and board, which will likely be as much as 50% of the full amount of both.

Signed, _____ Date _____

Mail this completed form **TOGETHER WITH** your Payment Form/Deposit to: **AJ/TCC Accreditation, PO Box 231, Bradley Beach, NJ 07720** (Checks payable to the course registrar: **Daniel Pienciak**)