

# Teacher & Student Programs Registration Form

Please print clearly and fax to (847) 242-6330 or mail to Chicago Botanic Garden Registrar, 1000 Lake Cook Road, Glencoe, IL 60022.

Program	Date	Price	Qty.	Fee

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ School Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 School Name \_\_\_\_\_  
 Grade Level/Subject \_\_\_\_\_

Program Fees \_\_\_\_\_  
 Membership Fee (optional) \_\_\_\_\_  
 Total Fee \_\_\_\_\_  
 Membership Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Check Enclosed     MasterCard  
 American Express     Visa     Discover  
 Card No. \_\_\_\_\_  
 Authorization No. *(three digits on back of card)* \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**For registration, policy, cancellation, directions, and information:**  
**Teacher Programs – [www.chicagobotanic.org/teacherprograms](http://www.chicagobotanic.org/teacherprograms)**  
**School Programs – [www.chicagobotanic.org/fieldtrips](http://www.chicagobotanic.org/fieldtrips)**