

**APPLICATION for FREE SUMMER INSTITUTE WORKSHOP**

**June 29 & 30, 2006 - 8:30AM to 4:00PM**

<b>Name (please print)</b>	
<b>Home Address City, State, Zip Code</b>	
<b>Home Telephone</b>	
<b>E-Mail Address</b>	
<b>School District</b>	
<b>Work Address City, State, Zip Code</b>	
<b>Work Telephone</b>	
<b>What is your current position in the school system? (Please include grade level and subject as applicable.)</b>	
<b>How much experience have you had teaching inquiry or design units?</b>	
<b>How will you share the concepts and curriculum ideas you learn at this workshop with others? (For reference, please visit: <a href="http://citytechnology.ccnycuny.edu">http://citytechnology.ccnycuny.edu</a>)</b>	
<b>What support do you expect from your school administration in the use of the City Technology materials?</b>	

If I am accepted for the June 29 & 30, 2006 workshop, I grant permission to the project to:

1. Edit and use images, text and sound created by City Technology staff or me in the context of this project.
2. To use my name or likeness in electronic or print materials.
3. To disseminate, promote or utilize written work, video, portraits, still pictures, animations or other photographic reproductions and sound recordings in which I may be portrayed.

I understand the City Technology project will not be responsible for any expenses incurred by participants to, from or during the June 29 & 30, 2006 workshop, except that breakfast and lunch will be provided on the day of this workshop.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
date

**CITY TECHNOLOGY**

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