



## ATLANTIC SUMMER INSTITUTE REGISTRATION FORM

**PLEASE NOTE:**

To register, complete this form, and send it with your institute fee of \$200, payable to UNB, to:

Atlantic Summer Institute  
Hazen Hall 206  
UNB Saint John, PO Box 5050  
Saint John NB E2L 4L5

**ASI 2010 (2010/SU)**

The Introductory courses will be offered

ED 6108 – Special Topics: Learning Disabilities (ASI I)

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
Number Street Apt #

City Province Postal Code

**PHONE NUMBER(s):** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**UNB STUDENT NUMBER (if known):** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **TEACHING EXPERIENCE** \_\_\_\_\_  
# of years

Current Teaching Certificate  Yes  No

Are you presently enrolled in a UNB graduate program  Yes  No

If not, will you be registering for course credit  Yes  No

Thank you for your interest in the Atlantic Summer Institute (ASI) at the University of New Brunswick in Saint John. We will confirm your registration status and provide you with the necessary information about the Institute and our campus in the very near future.

For more information please contact Dr. Paul-Émile Chiasson  
by calling (506) 648-5590 or e-mailing [educsj@unbsj.ca](mailto:educsj@unbsj.ca)