



Alaska SeaLife Center
w i n d o w s t o t h e s e a

Distance Learning Session Reservation Form

Program Information:

Your local time zone:	<input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific <input type="checkbox"/> Alaska Do you observe Daylight Savings Time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred date of session:	
Preferred session time:	(your local time)
2nd choice date:	
2nd choice time:	(your local time)
3rd choice date:	
3rd choice time:	(your local time)
Total # Students:	
Total # Adults:	
Student grade level(s):	
Program choice:	

Information about our programs can be found on our website, www.alaskasealife.org.

Contact Information: * **Note: ISDN connections will require a bridge.**

IP address / ISDN number*:		
Contact for mailing session materials	Name:	
	Phone number:	
	E-mail address:	
	School/Organization:	
	Street Address:	
	City, State, zip code:	
Billing information	Name:	
	Phone number:	
	E-mail address:	
	School/Organization:	
	Street Address:	
	City, State, zip code:	
Preferred method of payment:		<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Purchase Order

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