Distance Learning Session Reservation Form

**Program Information:**

|  |  |
| --- | --- |
| Your local time zone: | [ ]  Eastern [ ]  Central [ ]  Mountain [ ]  Pacific [ ]  AlaskaDo you observe Daylight Savings Time? Yes [ ]  No [ ]  |
| 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](http://www.alaskasealife.org). |
| **Contact Information:** |
| IP address / ISDN number**\***: |       **\*** Note: ISDN connections will require a bridge. |
| 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: |       |