

Distance Learning Session Reservation Form

**Program Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your local time zone: | | | Eastern  Central  Mountain  Pacific  Alaska  Do 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: | | |  |