

**Center for the Teaching of French
French Immersion Weekend
June 22-24, 2007**

HOUSING, PARKING, AND SUITEMATE REQUEST FORM

PERSONAL INFORMATION (please type or print clearly)

Name _____

Female ____ Male ____ (required **only** for campus housing)

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ E-mail _____

ON-CAMPUS HOUSING (Suite with 2 single bedrooms, shared bath and lounge.)

Arrival Date _____ Departure Date _____ = _____ nights x \$75 per night = \$ _____

Do you have any special needs which require accommodation? Please elaborate here:

PARKING

Science Hill Garage Mon. - Fri. (Sat. and Sun. free) \$26.50 per week x _____ weeks = \$ _____

TOTAL FOR HOUSING AND PARKING

\$ _____



RETURN this form with a check payable to "Yale University" to:

Sharon Straka/Center for the Teaching of French
The Whitney and Betty MacMillan Center
for International and Area Studies at Yale
P.O. Box 208206
New Haven, CT 06520-8206

DEADLINE FOR RESERVING ON-CAMPUS HOUSING AND PARKING IS JUNE 1, 2007.

SUITEMATE REQUEST

I would like to request _____ as a suitemate in campus housing.

Signature _____

Date _____

The deadline for suitemate matches is June 1, 2007.

**Center for the Teaching of French
French Immersion Program
June 22-28, 2007**

APPLICATION FORM

CHECK ONE:

Program in New Haven only (July 22-24) Program in New Haven and Québec (July 22-28)

PERSONAL INFORMATION *(please type or print clearly)*

Name _____

Social Security Number (required for CEUs) _____ (last four digits only)



Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ E-mail _____

Yes No I am a citizen of the United States.

SCHOOL OR WORK INFORMATION

School or Institution _____

Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Work E-mail _____

Work Fax (_____) _____ Position or Grade Level Taught _____

Responsibilities, courses, or subjects taught related to French Immersion Program _____

Name of immediate supervisor or one other person familiar with your responsibilities whom we may contact if necessary:

Name _____ E-mail _____

Position _____ Phone (_____) _____

RETURN this form with a non-refundable check for \$100 for New Haven program (July 22-24) and \$200 for Québec program (July 24-28), payable to “Yale University,” to:

Sharon Straka/Center for the Teaching of French
The Whitney and Betty MacMillan Center
for International and Area Studies at Yale
P.O. Box 208206
New Haven, CT 06520-8206

Applications are processed on a rolling basis as received. Accepted applicants will be notified as soon as possible and will receive further information and instructions at that time. **Payment deadline is June 1, 2007.**