



Faculty Development

2017 Teaching Scholars Summer Institute

Registration Summary

Registration summary of payment should be submitted with application.

_____ Date Submitted, this must be included
\$_____ Teaching Scholars Summer Institute Course amount
\$_____ Simulation I amount
\$_____ Simulation II amount
\$_____ Simulation III amount
\$_____ Simulation I and II and III amount
\$_____ Grand Total

1. Print, complete and return to Gwendolyn Marshall at the address below or
2. Scan and e-mail as an attachment to gmarshall@hsc.wvu.edu or
3. Fax to 304.293.5999

Gwendolyn Marshall, MSIR
Program Coordinator Senior
Faculty Development
WVU Health Sciences Center
PO Box 9170 Morgantown, WV 26506-9170
Voice: 304.293.5266
gmarshall@hsc.wvu.edu