

PROFESSIONAL LEARNING REGISTRATION FORM

I would like to register for:

	Date	Title	Cost
<input type="checkbox"/> Series		Assessment Symposium Series (Includes all 3)	\$300
<input type="checkbox"/> Workshop #1	1/30/2015	Assessing Social Cognition	\$125
<input type="checkbox"/> Workshop #2	3/27/2015	Evaluating Listening and Reading Comprehension	\$125
<input type="checkbox"/> Workshop #3	5/8/2015	Language Learning Differences and Disabilities in ELL	\$125

Total: _____

Participant Information

First Name: _____ Last Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School: _____

Phone: (H) _____ (W) _____ (C) _____

In case of inclement weather, please list all applicable phone numbers.

Position(s):

- Parent Curriculum Coordinator General Educator Special Educator
 SLP Pre-School Teacher Early care or Education Provider
 Principal Paraprofessional Other (please specify): _____

Grade(s) you currently teach: _____

Payment Options (choose one):

Enclosed is a check in the amount of \$ _____ (payable to the Stern Center)

Please charge my: Visa Mastercard

Credit Card #: _____ Exp. Date: ____ / ____ CVV# _____

Name on Card (please print): _____

Signature: _____

PO # _____ **(Must include hard copy)**

Yes! Please add me to your professional learning email list.

Please return completed registration and payment to:

Stern Center for Language and Learning

Attn: Rachel Lapidow

183 Talcott Road, Suite 101, Williston, VT 05495

or fax to (802) 878-0230

After registering, we will send you an e-confirmation. Please call 802-878-2332 if you do not receive an e-confirmation.