CONNECTICUT READING CONFERENCE REGISTRATION - November 2 & 3, 2011

Late registration fee, postmarked after October 14, 2011, is an additional $10.00. Register early, as space is limited.
This registration form may be reproduced or downloaded from our Web site, www.ctreading.org, in order to be shared with colleagues.

Name _____ EIN # _____
First *Last*

School District _____ Grade Level/Position _____

HomeAddress _____
Street *City* *State* *Zip*

HomePhone(___)_____ WorkPhone(___)_____ HomeEmail _____

Local Council *(check one)* Please check list of towns to identify your local council.
☐ Northwest ☐ Greater Hartford ☐ Nutmeg ☐ Eastern ☐ Southeastern ☐ Southern Fairfield

Are you an IRA member?
☐ Yes ☐ No
Membership # _____

REGISTRATION *(CRA dues of $25 are included in the conference registration fee)*

Wednesday and Thursday	$200.00	$_____
Wednesday Only	$125.00	$_____
Thursday Only	$125.00	$_____
Full-Time Day Student Fee Name of College/University _____	Choice: *Please check one* ☐ Wednesday & Thursday $100 ☐ Wednesday Only $50 ☐ Thursday Only $50	$_____
Late Registration Fee *(October 14th)*	$10.00	$_____
Total Conference Registration		$_____

I will attend Grand Conversation
☐ #1
☐ #2

CEUs will not be issued until payment is received.

I am paying by *(please complete the following information)*:

Check # _____

Attached P.O. # _____
(No registration will be processed without a signed P.O. attached)

Make checks payable to: EDUCATION CONNECTION
Mail to: EDUCATION CONNECTION
c/o Tony Sebastiano, P.O. Box 909, Litchfield, CT 06759-0909

Credit Card *(check one)*: ☐ Visa ☐ Mastercard # _____ Expiration Date _____

CVV# _____ Cardholder Zip Code _____ Cardholder Name _____

Signature *(if paying by credit card)* _____

List choices for each institute and session on the day(s) you are registering.
Please fill out choices for both institutes and sessions, regardless of *priority* indicated.

Priority *(check one)*
☐ Institute ☐ Session

Wednesday Morning *Choices*

Institute A (10:20 a.m.-12:20 p.m) 1st _____ 2nd _____

Session One (10:20 a.m.-11:20 a.m.) 1st _____ 2nd _____ 3rd _____

Session Two (11:40 a.m.-12:40 p.m.) 1st _____ 2nd _____ 3rd _____

Priority *(check one)*
☐ Institute ☐ Session

Wednesday Afternoon *Choices*

Institute B (1:40 p.m.-3:40 p.m) 1st _____ 2nd _____

Session Three (1:40 p.m.-2:40 p.m.) 1st _____ 2nd _____ 3rd _____

Session Four (3:00 p.m.-4:00 p.m.) 1st _____ 2nd _____ 3rd _____

Priority *(check one)*
☐ Institute ☐ Session

Thursday Morning *Choices*

Institute C (10:20 a.m.-12:20 p.m) 1st _____ 2nd _____

Session Five (10:20 a.m.-11:20 a.m.) 1st _____ 2nd _____ 3rd _____

Session Six (11:40 a.m.-12:40 p.m.) 1st _____ 2nd _____ 3rd _____

Priority *(check one)*
☐ Institute ☐ Session

Thursday Afternoon *Choices*

Institute D (1:40 p.m.-3:40 p.m) 1st _____ 2nd _____

Session Seven (1:40 p.m.-2:40 p.m.) 1st _____ 2nd _____ 3rd _____

Session Eight (3:00 p.m.-4:00 p.m.) 1st _____ 2nd _____ 3rd _____

Please call Tony Sebastiano at 860.567.0863 x132 for questions regarding registration
or fax 860.567.3381 • tonys@educationconnection.org