Nov. 4-5, 2010 CONNECTICUT READING CONFERENCE REGISTRATION

PLEASE PRINT OR TYPE ONLY

Late registration fee, postmarked after October 1st, 2010, is an additional $10.00. Register early, as space is limited.
This registration form may be reproduced or downloaded from our website, www.ctreading.org, in order to be shared with colleagues.

Name _____ (First) _____ (Last) Soc. Sec. # (last 4 digits) _____

School District _____ Grade Level/Position _____

Home Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Home Phone ( ) _____ Work Phone ( ) _____ Home Email _____

Local Council (✓ one) Please check list of towns on page 42 to identify your local council.
☐ Northwest ☐ Greater Hartford ☐ Nutmeg ☐ Eastern ☐ Southeastern ☐ Southern Fairfield

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

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

Please check below if you will be joining us for the Awards Reception

☐

Thursday 4:00-5:00
All Are Invited
(Pre-Registration Requested)

Thursday & Friday	$200.00	$ _____
Thursday Only	$125.00	$ _____
Friday Only	$125.00	$ _____
Full-Time Day Student Fee Name of College/University _____	Choices: Please ✓ One. ☐ Thursday & Friday $50 ☐ Thursday only $35 ☐ Friday only $35	$ _____
Late Registration Fee (October 1st)	$10.00	$ _____
Total Conference Registration		$ _____

I WILL ATTEND GRAND CONVERSATION:
☐ **#1 SRBI** _____
☐ **#2 Plainfield** _____
☐ **#3 Comprehension**

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

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

CEUs will not be issued until payment is received

Check # _____

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 or ☐ Mastercard No. _____ Expiration Date _____

Cardholder Name _____ Cardholder Zip Code _____

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

Thursday Morning *Choices*

Institute A (10:20 - 12:20) 1st _____ 2nd _____

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

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

Priority (check one)
☐ Institute ☐ Session

Thursday Afternoon *Choices*

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

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

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

Priority (check one)
☐ Institute ☐ Session

Friday Morning *Choices*

Institute C (10:20 - 12:20) 1st _____ 2nd _____

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

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

Priority (check one)
☐ Institute ☐ Session

Friday Afternoon *Choices*

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

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

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

Please call Tony Sebastiano at 860-567-0863 for questions about registration or
Fax: 860-567-3381 • tonys@educationconnection.org