## Nov. 5-6, 2009 CONNECTICUT READING CONFERENCE REGISTRATION

***PLEASE PRINT OR TYPE ONLY***

*Late registration fee, postmarked after September 25, 2009, 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 _____ Soc. Sec. # (last 4 digits) _____
First Last

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 43 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 $20 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 | $175.00 | $ _____ |
| | Thursday Only | $115.00 | $ _____ |
| | Friday Only | $115.00 | $ _____ |
| | Full-Time Day Student Fee Name of College/University _____ | Choices: Please ✓ One. ☐ Thursday & Friday $40 ☐ Thursday only $35 ☐ Friday only $35 | $ _____ |
| | Late Registration Fee (September 25th) | $10.00 | $ _____ |
| | **Total Conference Registration** | | $ _____ |

**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* | | **Priority (check one)** ☐ Institute ☐ Session **Thursday Afternoon** *Choices* | | **Priority (check one)** ☐ Institute ☐ Session **Friday Morning** *Choices* | | **Priority (check one)** ☐ Institute ☐ Session **Friday Afternoon** *Choices* | |
|---|---|---|---|---|---|---|---|
| Institute A (10:20 - 12:20) | 1st _____ 2nd _____ | Institute B (1:40 - 3:40) | 1st _____ 2nd _____ | Institute C (10:20 - 12:20) | 1st _____ 2nd _____ | Institute D (1:40 - 3:40) | 1st _____ 2nd _____ |
| Session One (10:20 - 11:20) | 1st _____ 2nd _____ 3rd _____ | Session Three (1:40 - 2:40) | 1st _____ 2nd _____ 3rd _____ | Session Five (10:20 - 11:20) | 1st _____ 2nd _____ 3rd _____ | Session Seven (1:40 - 2:40) | 1st _____ 2nd _____ 3rd _____ |
| Session Two (11:40 - 12:40) | 1st _____ 2nd _____ 3rd _____ | Session Four (3:00 - 4:00) | 1st _____ 2nd _____ 3rd _____ | Session Six (11:40 - 12:40) | 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*
*e-mail Eileen Simon at esimoncra@yahoo.com or Jackie Greene at greenej48@yahoo.com*

*• PLEASE SHARE THIS WITH COLLEAGUES •*