

LRC-Central

2011-2012 Preschool/Early Childhood Workshops



REGISTRATION FORM
 200 River View Plaza, 1st floor, Trenton NJ
 609-633-8971 (phone) - 609-633-8968 (fax)



Please complete and return **ENTIRE FORM: LRC-C Preschool Workshops, NJDOE, PO Box 500, Trenton, NJ 08625** with registration fee. (Check or Purchase Order payable to Treasurer, State of NJ). There is no on-site registration. We cannot accept phone registrations. Because registration is limited and determined on a first come, first served basis, we recommend that you register early. **We will send you confirmation of your registration by email only. Please bring your confirmation notice for admission to the workshop. If you have not received a confirmation email from us, please call Judi Nelson at 609-633-8971.* Cancellation of registration must be made at least one week before workshop date. Registration fee for full day workshops includes: lunch and materials. We will not be able to provide breakfast, but please feel free to bring your own morning refreshments. Sign-in for workshops is between 9:00-9:30AM. For directions go to [//www.nj.gov/education/lrc/dir2lrcc.pdf](http://www.nj.gov/education/lrc/dir2lrcc.pdf).

ONLY PARTICIPANTS WITH CONFIRMATIONS WILL BE ADMITTED.

Special Assistance Required: _____ (e.g. Interpreter service, 3 weeks notice required.)

PLEASE CHECK WORKSHOP(S) YOU WISH TO ATTEND. **REGISTRATION CLOSSES 7 DAYS PRIOR TO WORKSHOP DATE.**

	<u>WORKSHOP TITLE</u>	<u>DATES</u>	<u>PER PERSON</u>	<u>TIME</u>
___1.	Dual Language Learners w/Disabilities TEAMS	10/27/11*	\$ 7.25	9:30AM-3:00PM
___2.	Learning Through Doing: Motor Development TEAMS	12/14/11*	\$ 7.25	9:30AM-3:00PM
___3.	Promoting Language & Literacy TEAMS	01/27/12*	\$ 7.25	9:30AM-3:00PM
___4.	Teaching Social & Emotional Skills TEAMS	03/14/12*	\$ 7.25	9:30AM-3:00PM

Total Enclosed: _____

***Please include TEAM registrations in one envelope.**

Registration form must be accompanied by check or purchase order or it will be returned.

ONLY COMPLETED FORMS WILL BE PROCESSED, ALL OTHERS WILL BE RETURNED.

NAME: _____ PHONE (W) _____

HOME ADDRESS: _____ PHONE (H) _____

CITY: _____ STATE: _____ ZIP : _____

COUNTY _____ DISTRICT: _____

E-MAIL ADDRESS _____ CHECK/PURCHASE ORDER # _____
 (Confirmations will be sent by email only so please print clearly)

POSITION (Please check below)

___ Special education teacher ___ Related services personnel ___ Administrator
 ___ General education teacher ___ CST member ___ Other _____

PLEASE PROVIDE YOUR EMAIL ADDRESS, WORKSHOP CONFIRMATION WILL BE SENT BY EMAIL ONLY

**Workshops will begin promptly at the time listed. Please plan to arrive at least ten minutes before the start time to sign-in. Participants should be prepared for the likelihood of heavy rush hour traffic.*