



LRC-NORTH SATELLITE

2011-2012 Preschool/Early Childhood Workshops



REGISTRATION FORM

104 The American Road, (Bldg. 100) Morris Plains, NJ 07950
973-631-6345 (phone) - 973-631-6350 (fax)

Please complete and return **ENTIRE FORM TO: [LRC-NS Preschool Workshops, 104 The American Road, Morris Plains, NJ 07950](#)** with registration fee. **PLEASE NOTE THAT LRC/NS HAS MOVED TO A NEW LOCATION, WE ARE NOW LOCATED IN BUILDING 100. Please make Checks or Purchase Orders 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. **[*Please call Angela Bray at 973-631-6345 ext. 5 to confirm registration.](#)** Cancellation of registration must be made at least 48 hours 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 full day workshops is between 9:00-9:30AM. For directions go to www.nj.gov/education/lrc

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

PLEASE CHECK WORKSHOP(S) YOU WISH TO ATTEND. PLEASE ENCLOSE SEPARATE CHECKS FOR EACH WORKSHOP. REGISTRATION CLOSSES 7 DAYS PRIOR TO WORKSHOP DATE.

<u>WORKSHOP TITLE</u>	<u>DATES</u>	<u>FEE PER PERSON</u>	<u>TIME</u>
__1. Dual Language Learners w/Disabilities TEAMS	10/28/11*	\$ 11.00	9:30AM-3:00PM
__2. Learning Through Doing: Motor Development TEAMS	12/13/11*	\$ 11.00	9:30AM-3:00PM
__3. Promoting Language & Literacy TEAMS	02/03/12*	\$ 11.00	9:30AM-3:00PM

Workshop # 4 is offered at LRC-North.

Total Enclosed \$ _____

NOTE: *This is a TEAM workshop. Please include [team registrations](#) together in one envelope.

Registration form must be accompanied by a separate check or purchase order for each workshop.

Name: _____

(W) Phone: _____

Address: _____

(H) Phone: _____

City: _____ State: _____ Zip: _____

District: _____

E-mail: _____

County: _____

(please print clearly)

POSITION Special education teacher Related services personnel Administrator

General education teacher CST member Other _____

CHECK/PURCHASE ORDER # _____

****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***