

Preschool/Early Childhood Workshops LRC-North Satellite 2010 Registration Form

**Learning Resource Center/North Satellite, 322 The American Road, Morris Plains, NJ 07950
(973)-631-6346 – Angela Bray ext. 5 (973)-631-6350-Fax**

REGISTRATION INFORMATION

Please complete the attached registration form. Make check or purchase order payable to: **Treasurer, State of NJ**. Return registration form with registration fee(s) to: **LRC-NS, 322 The American Road, Morris Plains, NJ 07950**. 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) 631-6346 ext. 5 for confirmation of your registration**. Cancellation of registration must be made 48 hours before workshop date in order to ensure return of registration fee. 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 a full day workshop is between 9:00-9:30 AM.

Please check workshop(s) you wish to attend: Kindly include a separate check for each workshop you wish to attend.

	<u>WORKSHOP TITLES</u>	<u>DATES</u>	<u>FEE PER PERSON</u>	<u>TIME</u>
___1.	Transitioning Preschoolers with Disabilities to General Education Kindergarten Programs	02/11/10	\$11.00	9:30-3:00
___2.	Developing Meaningful IEPs for Preschoolers with Disabilities in General Education Programs	03/5/10	\$11.00	9:30-3:00
___3.	Decision Making in the IEP Process: Focus on the Least Restrictive Environment (Ages 3-5)	03/18/10	\$11.00	9:30-3:00
___4.	Effective Use of Teachers Aide Supports in the Inclusive Preschool Classroom TEAM	04/9/10	\$11.00	9:30-3:00

Total enclosed: _____

NOTE: Please include TEAM registrations together in one envelope for workshop # 4

Name _____

Home address _____

City, State, Zip _____

Phone (H) _____ **Phone (W)** _____

District _____ **County** _____

E-mail address _____

Special assistance required _____
(e.g. Interpreter for the hearing impaired - 3 weeks notice)

Position ___ **Special education teacher** ___ **Related services personnel** ___ **Other**
 ___ **General education teacher** ___ **CST member**
 ___ **Administrator** ___ **Parent**

Check # _____ **PO #** _____

You will only receive a letter if you are closed out of the workshop. Please call Angela Bray at 973-631-6346 ext. 5 to confirm that you are registered.