

# Adult Learning Resource Center

## 2010 Summer Professional Development Activities

### Registration Form

#### Personal Information Please print or type

Circle Title: Dr. Ms. Mrs. Mr.

.....

Last Name First Name (Formal) Middle Initial Maiden Name (if applicable)

.....

Home Address City State Zip Code

.....

Home Phone Number Cell Phone Number

.....

Preferred Email Address

#### Employment Information

.....

School Name / District / Program Name Position

.....

School Address / Work Address City State Zip Code

.....

Work Phone Number

.....

Preferred Mailing Address is home or Program / work (please circle one)

#### Please select the workshop(s) you wish to attend

	Title of Workshop	Start Date	ID No.	Fee
General	<input type="checkbox"/> Vigorous Vocabulary Instruction	Jul 16	113030007	\$10
ABE/GED®	<input type="checkbox"/> Orientation for New Adult Education Teachers (ABE/GED® Focus)	Aug 27	113030008	\$10
	<input type="checkbox"/> GED® Fundamentals	Sep 2	113030009	\$20
	<input type="checkbox"/> Hands-on TABE (Test of Adult Basic Education)	Sep 24	113030010	\$10
ESL/EL Civics	<input type="checkbox"/> ESL Grammar Games	Jul 9	113030011	\$10
	<input type="checkbox"/> ESL Basics: An Overview for New Teachers	Jul 19	113030012	\$75
	<input type="checkbox"/> Administering the BEST Literacy Test	Aug 13	113030013	\$30
Technology	<input type="checkbox"/> Orientation for New Adult Education Teachers (ESL Focus)	Aug 27	113030014	\$10
	<input type="checkbox"/> PowerPoint Basics	Jul 20	113030015	\$10
	<input type="checkbox"/> Building Student Projects with PowerPoint	Jul 20	113030016	\$10

#### Payment Options -- Two payment options

1. If you are paying with a credit card, we encourage you to register at [www.thecenterweb.org](http://www.thecenterweb.org) for secure online payment.

2. For payment by check, credit card, or purchase order mail to:

The Center/ALRC  
P.O. Box 2401  
Bedford Park, IL 60499-2401

- Check, payable to **The Center/ALRC:**  
Check # \_\_\_\_\_ is enclosed in the amount of \$ \_\_\_\_\_
- Charge my credit card in the amount of \$ \_\_\_\_\_
  - Visa       Master Card
  - Account number \_\_\_\_\_ Expiration date \_\_\_\_\_
  - Cardholder name (please print) \_\_\_\_\_
  - Cardholder signature \_\_\_\_\_
- Purchase Order (PO) enclosed in the amount of \$ \_\_\_\_\_  
PO# \_\_\_\_\_

Payment by check, credit card or PO **MUST** accompany this registration form.

(No "Requisition Orders" will be accepted.)

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