

Registration



**Illinois Resource Center
Early Childhood**
PROFESSIONAL DEVELOPMENT

PERSONAL INFORMATION (Please print legibly or type all the requested information to quicken the processing of your registration.)

Circle Title: **Dr.** **Ms.** **Mrs.** **Mr.**

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

Home Address City State Zip Code

County Home Telephone Number Cell Phone Number

Last 4 Digits of Social Security Number Preferred Email Address (Required)

EMPLOYMENT INFORMATION

School Name / District / Program Name Position

School Address / Work Address City State Zip Code

County Work Phone Number

Preferred mailing address: **Home** -or- **Program/Work** (please circle)

Please check your position:

- Administrator
- Child Dev Specialist
- Coordinator
- Home Visitor
- OT/PT
- Parent/Family Educator
- Speech/Lang Pathologist
- School Psychologist
- Social Worker
- Teacher
- Teacher Assistant
- Other _____

Please check your program affiliation:

- Child Care
- Community Based Program
- Even Start
- EC Special Education
- Head Start
- Kindergarten
- Preschool for All/Block Grant**
- Prevention Initiative (B-3)
- Parental Training (B-3) (3-5)
- Pre-K (3-5)
- Other _____

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

Workshop Title	Date/Location	Event ID#	<input checked="" type="checkbox"/>
<i>Introduction and Implementation of the Scholastic Early Childhood Program (SECP)</i>	Tuesday, April 20, 2010 The Center: Resources for Teaching and Learning – Conference Room D 2626 S. Clearbrook Dr. Arlington Heights, IL 60005	104130180	<input checked="" type="checkbox"/>

Duplicate as needed. Use one registration form per person.

OFFICE USE ONLY	Comments: _____
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We encourage you to register at online at www.thecenterweb.org/ec or FAX form to (847) 278-5436
Illinois Resource Center, Early Childhood Professional Development, 2626 S. Clearbrook Dr., Arlington Heights, IL 60005