

LITERACY FOR ALL CONFERENCE

REGISTRATION FORM 2011

Please complete and return both sides of the registration form.

E-mail Address (Required. Confirmation and receipt will be sent via e-mail.): _____

Are you a NYC educator registering for Literacy for All under the New York City contract? (If "yes" please stop filling out this form and contact the conference office at 617.349.8402 to obtain a NYC registration form. If "no", please continue.)

Please select registration type:

- \$395 Package Deal (Pre-Conference Workshop and Full Conference)
- \$275 Full Conference (Monday and Tuesday)
- \$165 Pre-Conference Workshop (Sunday only)
- \$210 Monday only
- \$210 Tuesday only
- \$375 Pre-Conference Workshop (Sunday) plus one day (Monday or Tuesday)
- \$0 I am a lead presenter for a Monday or Tuesday workshop (lead presenters receive a complimentary Full Conference registration)
- \$0 Group Discount: "13th free"
- Loyalty Reward Discount: In addition to selecting a registration type above, check here if you attended the Literacy for All Conference in 2009 AND 2010 to receive a \$15 discount for 2011.
- School Leaders Discount: In addition to selecting a registration type above, check here if you are a school leader (principal or assistant principal) and 3 educators from your school are attending the conference. You will receive a 50% discount off of any registration type.

Note: Discounts cannot be combined. Registrations cannot be shared or split.

STOP! REGISTER ONLINE AND SAVE UP TO \$25 PER PERSON! www.regonline.com/lfa2011
Paying by credit card? You must register online or complete this form and call the conference office with your credit card number. Please do not fax nor email credit card numbers.

PLEASE PRINT CLEARLY. Full Name: _____

Home Address: _____ City: _____

U.S State/Canadian Province: _____ OR Country: (Non US/Canada): _____

ZIP/Postal Code: _____ Home Phone: (_____) _____ Work Phone: (_____) _____

Job Title:

- | | | |
|---|---|---|
| <input type="checkbox"/> Principal/School Leader | <input type="checkbox"/> Literacy Coach/Coordinator in Training | <input type="checkbox"/> Reading Teacher |
| <input type="checkbox"/> PreK Teacher | <input type="checkbox"/> Middle School Teacher | <input type="checkbox"/> Special Education Teacher |
| <input type="checkbox"/> K-2 Classroom Teacher | <input type="checkbox"/> Reading/Literacy Specialist | <input type="checkbox"/> Title I Director |
| <input type="checkbox"/> 3-6 Classroom Teacher | <input type="checkbox"/> Reading Recovery Teacher | <input type="checkbox"/> Title I Teacher |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Reading Recovery Teacher-in-Training | <input type="checkbox"/> University/College Professor |
| <input type="checkbox"/> ELL Teacher | <input type="checkbox"/> Reading Recovery Teacher Leader | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Literacy Coach/Coordinator | <input type="checkbox"/> Reading Recovery TL-in-Training | |

School Name: _____ **School District/Company:** _____

Billing Address (required if you are paying by purchase order): _____

Is this your first time attending the Literacy for All Conference? YES NO

In compliance with the American Disabilities Act, Literacy for All makes every effort to ensure all activities are equally available to all individuals participating in the conference.

Check here if you require special assistance. A member of the conference team will contact you to make arrangements.

Yes, I'd be willing to volunteer to introduce a featured speaker or collect tickets in one of the sessions I am attending. **Volunteers will be entered in a raffle and will have a chance to win a six-pack of new, leveled books for Guided Reading! Lucky winners will receive the books after the conference. Please consider volunteering. We need your help!**

Occasionally, we receive requests for contact information from our supporting exhibitors who may want to sponsor events at the conference, give free samples, materials, or provide coupons for discounts or other special offers. **Please check here if you DO NOT want your contact information to be shared.**

How did you learn about this conference? _____

Please write your name again here: _____

How to Select Workshop Sessions: Indicate your first and second choice selections with numbers 1 and 2. If your first choice workshop is full, we will automatically place you in your second choice workshop.

Pre-Conference Workshops | Sunday, November 6, 2011 | 11:00 am–4:00 pm

_PC-1 _PC-2 _PC-3 _PC-4 _PC-5 _PC-6 _PC-7 _PC-8

Session A | Monday, November 7, 2011 | 8:30 am–10:00 am

You may choose to attend the keynote with Kathy Collins or a breakout session with Linda Rief for grades 4–8.

_Collins Keynote _LCA-1

Session B | Monday, November 7, 2011 | 10:30 am–12:00 pm

_LCB-1 _LCB-5 _LCB-9 _LCB-13 _LCB-17 _RRB-1
_LCB-2 _LCB-6 _LCB-10 _LCB-14 _RRB-2
_LCB-3 _LCB-7 _LCB-11 _LCB-15 _RRB-3
_LCB-4 _LCB-8 _LCB-12 _LCB-16 _RRB-4

Session C | Monday, November 7, 2011 | 1:30 pm–3:00 pm or 1:30 pm–4:45 pm (In-depth)

Attend a 90-minute Session C **OR** an In-depth (3-hour) Session C. **If you choose an In-depth Session C, you will NOT attend a Session D (3:30 pm–5:00 pm).**

_LCC-1 _LCC-5 _LCC-9 _RRC-1 _LCC-15 In-depth _RRC-3 In-depth
_LCC-2 _LCC-6 _LCC-10 _RRC-2 _LCC-16 In-depth _RRC-4 In-depth
_LCC-3 _LCC-7 _LCC-11 _LCC-13 In-depth _LCC-17 In-depth
_LCC-4 _LCC-8 _LCC-12 _LCC-14 In-depth

Session D | Monday, November 7, 2011 | 3:30 pm–5:00 pm (only if you did not select an In-depth Session C)

_LCD-1 _LCD-4 _LCD-7 _LCD-10 _RRD-1
_LCD-2 _LCD-5 _LCD-8 _LCD-11 _RRD-2
_LCD-3 _LCD-6 _LCD-9 _LCD-12

Session E | Tuesday, November 8, 2011 | 8:30 am–10:00 am

Attend the Literacy Conference Session E Keynote with Ruth Culham or a 90-minute Session E.

_Culham Keynote _LCE-1 _LCE-3 _RRE-1 _RRE-3
_LCE-2 _LCE-4 _RRE-2 _RRE-4

Session F | Tuesday, November 8, 2011 | 10:15 am–11:45 am or 10:15 am–1:30 pm (In-depth)

Choose the Reading Recovery Keynote with Nancy Anderson, a 90-minute Session F, **OR** an In-depth (3-hour) Session F. **If you choose an In-depth Session F, you will NOT attend a Session G.**

_Anderson Keynote _LCF-4 _LCF-8 _LCF-12 _LCF-16 In-depth
_LCF-1 _LCF-5 _LCF-9 _LCF-13 _LCF-17 In-depth
_LCF-2 _LCF-6 _LCF-10 _LCF-14 _LCF-18 In-depth
_LCF-3 _LCF-7 _LCF-11 _LCF-15

Session G | Tuesday, November 8, 2011 | 1:00 pm–2:30 pm (only if you did not select an In-depth Session F)

_LCG-1 _LCG-4 _LCG-7 _LCG-10 _LCG-13 _RRG-1 _RRG-3
_LCG-2 _LCG-5 _LCG-8 _LCG-11 _LCG-14 _RRG-2
_LCG-3 _LCG-6 _LCG-9 _LCG-12

Optional:

RRCNA Memberships

\$125 Supporting Membership \$60 Renewal Membership
 \$60 New Membership \$40 In-training Membership

Sue Hundley Memorial Fund Donation: *Donations support literacy learning for children and teacher scholarships.*

\$100 \$50 \$25 Other amount: \$ _____

Important!

Payment, Refund, and Cancellation Policy: Submission of this registration form is a commitment to pay the conference fees. A refund, less a \$50 processing fee, will be granted if a written request is postmarked on or before Friday, October 7, 2011. No refunds will be issued after this date regardless of the reason for canceling, though substitutions can be made at any time.

Fax both sides of this form to: Literacy for All, 617.349.8490

Mail to:

Literacy for All, Attn. Cara Dembkoski
Lesley University Center for Reading Recovery and Literacy Collaborative
29 Everett Street Cambridge, MA 02138

Subtotals:

\$ _____ Registration Fee (from page 1 of this form)

\$ _____ RRCNA Membership (optional)

\$ _____ Sue Hundley Fund Donation (optional)

\$ _____ TOTAL AMOUNT DUE

Payment Method: Check Purchase Order

Credit Card (do not write card numbers on this form)

Check Number: _____

PO Number: _____

Please make sure the total amount matches the amount on the PO or check. A check or a copy of the PO must be mailed or faxed to the conference office within 5 business days. Do not write credit card numbers on this form. Register online or call the conference office with your credit card number.

Office use only: