

WISCONSIN'S 17th ANNUAL STATE-WIDE INSTITUTE
ON BEST PRACTICES IN INCLUSIVE EDUCATION

WESTWOOD CONFERENCE CENTER - WAUSAU, WI
JULY 26-28, 2010

REGISTRATION FORM FOR INDIVIDUALS OR TEAMS

INDIVIDUAL OR TEAM CONTACT PERSON: (PLEASE PRINT OR TYPE)

1. NAME: _____ POSITION: _____

CONTACT PERSON'S E-MAIL: _____

SCHOOL NAME: _____ (CIRCLE ONE) ELEM. MIDDLE HIGH

SCHOOL ADDRESS: _____

CITY: _____ ZIP: _____

SCHOOL DISTRICT: _____

CONTACT PERSON'S SUMMER ADDRESS: _____

CONTACT PERSON'S CELL or HOME PHONE: _____ - _____ - _____

ADDITIONAL TEAM MEMBERS ATTENDING

2. NAME _____ POSITION _____ E-MAIL: _____

3. NAME _____ POSITION _____ E-MAIL: _____

4. NAME _____ POSITION _____ E-MAIL: _____

5. NAME _____ POSITION _____ E-MAIL: _____

(Additional members can be added on the back or a separate sheet of paper)

ATTENDING FULL INSTITUTE _____ x \$145.00 = TOTAL \$ _____ ON OR BEFORE JUNE 1
_____ x \$155.00 = TOTAL \$ _____ AFTER JUNE 1

ATTENDING 1 DAY ONLY: _____ x \$80.00 = TOTAL \$ _____
(# Attending: TUESDAY, JULY 27 _____ WEDNESDAY, JULY 28 _____)

FOR EARLY REGISTRATION, RETURN THIS FORM WITH YOUR CHECK OR PURCHASE ORDER AS SOON AS POSSIBLE. YOU OR YOUR TEAM CONTACT PERSON WILL BE NOTIFIED WITH AN E-MAILED CONFIRMATION LETTER. IF YOU HAVE ANY QUESTIONS, CALL OR E-MAIL: DR. KIM BELOIN.

PLEASE MAKE CHECKS PAYABLE TO: SUMMER INSTITUTE ON INCLUSION.

RETURN TO: Summer Institute on Inclusion

C/o Dr. Kim Beloin
357 Juniper Court
Grafton, WI 53024

E-Mail: Beloin@att.net
Fax: Scan, Fax & E-mail to Beloin@att.net
Website: <http://www.Beloinandbrandl.com>