**EdPro Development Workshop Registration Form**

**Please complete all portions of the registration sheet. Please print. If registering a team please include ADDITIONAL team members on the TEAM REGISTRATION form (next page). Registration must be received no later than one week BEFORE each scheduled workshop.**

**Last Name** **First Name**

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**Confirmation letters are sent via email. Please make sure that your email is correctly entered.**

**E-mail Address**

**Mailing Address**

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**City**  **State Zip**

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**Home Phone**  **Work Phone** **Cell Phone**

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**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School System:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TASL Credit Needed? \_\_\_ Yes \_\_\_ No**

General/Special Educator/Paraprofessional, please circle all grade levels that you teach/support

 **Pre-K**

**K**

**1**

**2**

**3**

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**5**

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**12**

Subjects that you teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Workshops are held in both East and Middle Tennessee.*

*Please check* ***East \_\_\_\_\_*** *or* ***Middle \_\_\_\_\_*** *Tennessee location.*

*The Middle Tennessee location is Riverwood Church of Christ, 1904 McGavock Pike, Nashville, TN 37216.*

*The East Tennessee location is Clinton Physical Therapy Center, 1921 N. Charles Seivers Blvd., Clinton, TN 37716 unless noted by an asterisk(\*).*

*Workshops indicated with an asterisk are located at Ft. Loudon Middle School 1703 Roberts Rd., Loudon, TN 37774.*

**Please select the workshop & dates for which you are registering by putting a check in the appropriate box:**

**Two Day Workshops**

* + Quality Tier 1 Instruction: The Foundation for RtI **June 3-4, 2014**
	+ \*Establishing Systems of Tier 3 Supports for Students who Struggle the Most **June 3-4, 2014\***
	+ Growing the Green: Building Tier 1 of School-wide Positive Behavior Support **June 5-6, 2014**
	+ \*Building and Integrating RtI Tier 2 Systems of Support **June 5-6, 2014\***

***Two-Day Workshop Registration Fees:*** *Individual:* ***$190.*** *Team: includes 4 members from same school or 4 members from central office:* ***$700*** *(add* ***$100****/member for teams exceeding 4 members)*

**One Day Workshops**

* + Structuringthe Classroom through Evidence-Based Classroom Management Strategies **June 10, 2014**
	+ Facilitating Academic Conversations & Productive Group Work **June 11, 2014**
	+ Collaborating & Co-Teaching to Include ALL student in Common Core State Standards **June 12, 2014**
	+ Differentiating Mathematics Common Core State Standards to Engage ALL learners **June 13, 2014**
	+ Check In Check Out: A Tier 2 Targeted Intervention **June 17, 2014**
	+ **\*** Fun, Fantastic, Foldables: Engaging and Organizing Learners **June 17, 2014\***
	+ HELP! I have **THAT** student in my classroom **June 18, 2014**

***One-Day Workshop Registration Fee:*** *Individual: $100. Team: includes members from same school or 4 members from central office: $350. (add $50/member for teams exceeding 4 members)*

**Amount Enclosed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Make check or money order out to: **EdPro Development** and mail check, along with this completed form; Or fax completed form to 865-546-7325 and send check with copy of completed form to: EdPro Development, 3102 Luwana Lane, Knoxville, TN 37917. A confirmation letter will be emailed to you after your registration has been received.

 **Additional Team Members Registration Form**

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School System:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Member 1: Last Name** **First Name**

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**E-mail Address**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TASL Credit? \_\_\_ Yes \_\_\_ No**

**General/Special Educator/Paraprofessional, please circle all grade levels that you teach/support**

 **Pre-K**

**K**

**1**

**2**

**3**

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Subjects that you teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Member 2: Last Name** **First Name**

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**E-mail Address**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TASL Credit? \_\_\_ Yes \_\_\_ No**

**General/Special Educator/Paraprofessional, please circle all grade levels that you teach/support**

 **Pre-K**

**K**

**1**

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Subjects that you teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Member 3: Last Name** **First Name**

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**E-mail Address**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TASL Credit? \_\_\_ Yes \_\_\_ No**

**General/Special Educator/Paraprofessional, please circle all grade levels that you teach/support**

 **Pre-K**

**K**

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Subjects that you teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Member 4: Last Name** **First Name**

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**E-mail Address**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TASL Credit? \_\_\_ Yes \_\_\_ No**

**General/Special Educator/Paraprofessional, please circle all grade levels that you teach/support**

 **Pre-K**

**K**

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Subjects that you teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If more than four (4) team members need registering please photocopy this page and number correctly.***