

Registration Form

Please complete ALL sections.

DEADLINE: FEBRUARY 5, 2010

PLEASE TYPE OR PRINT

Last Name:		First:	MI:	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mrs.
				<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
Job Title:	School District/Region:		School Name (If applicable):		
School/Work Address:					
City:	State:	Zip Code:	County:		
Email (please print clearly):		Telephone Number:		Fax:	

Please circle the date you wish to attend:

Elementary Education (February 22nd)

Secondary Education (February 23rd)

WORKSHOP INFORMATION

Please select 6 workshop topics that will address the needs of your school district:

<input type="checkbox"/> Understanding, Reaching and Teaching Today's Students <input type="checkbox"/> Getting on the Same Page: Building an Effective Team <input type="checkbox"/> Resolving Conflict Without Confrontation <input type="checkbox"/> Improving Classroom Management Skills <input type="checkbox"/> Cultural Diversity: Ready or Not, It's Here! <input type="checkbox"/> Single Gender Self-Esteem Programs that Work <input type="checkbox"/> Hip Hop: How It Impacts Your Classroom <input type="checkbox"/> Using Technology & Social Media in the Classroom <input type="checkbox"/> Designing Lesson Plans that Effectively Reach Male Students	<input type="checkbox"/> Eliminating Bullying and Violence in Schools <input type="checkbox"/> Using Data to Drive Instruction <input type="checkbox"/> Integrating Healthy Living Into the Classroom <input type="checkbox"/> Math: Multi-Sensory Math Techniques <input type="checkbox"/> Science: Improving Classroom Application of Science <input type="checkbox"/> Writing: Rap, Rhythm, and Rhyme: Rebuilding the Writing Foundation <input type="checkbox"/> Strategies to Motivate the Unmotivated Student <input type="checkbox"/> Increasing Parental & Community Involvement <input type="checkbox"/> Marketing Your School Without a Marketing Budget <input type="checkbox"/> Other Suggestions _____
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<p>One-Day Registration Fee (includes breakfast and lunch)</p> <input type="checkbox"/> \$175 <input type="checkbox"/> \$150 (Group of 5 or more) Name of Group/School _____	<p>Payment Methods</p> <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Bill Me/Purchase Order # _____ <input type="checkbox"/> Credit Card/PayPal (visit www.vli123.com for online payment)
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ATTENDEE'S SIGNATURE: _____

MAIL REGISTRATION FORM AND PAYMENT TO:

Visionary Leaders Institute
 Attn: Houston Educators Conference
 5350 E. Livingston Avenue, Suite A
 Columbus, OH 43232

Phone: (614) 864-4854
 Fax: (614) 864-9671

**HOTEL RESERVATIONS SHOULD BE MADE DIRECTLY WITH THE HOTEL BY CALLING (800) 627-6461
 PLEASE MAKE CHECKS OR PURCHASE ORDERS PAYABLE TO "VISIONARY LEADERS INSTITUTE"
 PAYMENT MUST BE RECEIVED BY FEBRUARY 5, 2010**

Thank you for your participation!!