

PROFESSIONAL LEARNING REGISTRATION FORM



I would like to register for:

Course #	Date	Title	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL \$ _____

For T•I•M•E Online participants, please indicate your computer platform so that we may send you the correct **CD-ROM**: PC Mac or **DVD**: PC Mac

Yes! I request a BUILDING BLOCKS FOR LITERACY® **Mentorship**

Personal Information

First Name: _____ Last Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School: _____

Phone: (H) _____ (W) _____ (C) _____

In case of inclement weather, please list all applicable phone numbers.

Position(s):

Parent Curriculum Coordinator General Educator Special Educator

SLP Pre-School Teacher Early care or Education Provider

Principal Paraprofessional Other (please specify): _____

Grade(s) you currently teach: _____

Payment Options (choose one):

Register Online: Go to: <http://www.sterncenter.org/news-events/calendar/register>

Enclosed is a check in the amount of \$ _____ (payable to the Stern Center)

Please charge my: Visa Mastercard Amount: \$ _____

Credit Card #: _____

Exp. Date: ____ / ____

Name on Card (please print): _____

Signature: _____

PO # _____ **(Please include hard copy)**

Yes! Please add me to your email list. **Please return completed registration and payment to:**

Stern Center for Language and Learning

Attn: Linnea Oosterman

135 Allen Brook Lane, Williston, VT 05495

or fax to (802) 857-0327