



NYSAFLT / NYSED SUMMER INSTITUTE 2009 REGISTRATION FORM

Name _____
 Address _____
 City/State/Zip _____
 Telephone (____) _____ - _____ E-Mail _____
 School _____
 Languages _____

| Program Fees | NYSAFLT Member | Non-Member | Enter Fees: | | | | |
|---|---------------------------------|--------------|----------------|---------------------------|---------------------------------|---------------------------|------------------------|
| Check one and enter fees to the right: | | | | | | | |
| ___ Full Summer Institute* | \$325 | \$375 | | | | | |
| ___ Tuesday only (no meals) | \$60 | \$75 | | | | | |
| ___ Wednesday only (lunch only included) | \$100 | \$125 | | | | | |
| ___ Thursday only (lunch only included) | \$100 | \$125 | | | | | |
| ___ Friday only (no meals) | \$60 | \$75 | | | | | |
| *Full fee include all meals Tuesday lunch through Friday breakfast. | | | | | | | |
| <input type="checkbox"/> Thursday Banquet: (Add \$30 if registering at the day rate.) Please check your selection: <table border="1" style="margin-left: 20px; width: 80%;"> <tr> <td>___ Crabmeat Stuffed Sole</td> <td>___ Italian Stuffed Flank Steak</td> </tr> <tr> <td>___ Mediterranean Chicken</td> <td>___ Vegetarian Lasagna</td> </tr> </table> Please contact us if you have any special dietary needs. | | | | ___ Crabmeat Stuffed Sole | ___ Italian Stuffed Flank Steak | ___ Mediterranean Chicken | ___ Vegetarian Lasagna |
| ___ Crabmeat Stuffed Sole | ___ Italian Stuffed Flank Steak | | | | | | |
| ___ Mediterranean Chicken | ___ Vegetarian Lasagna | | | | | | |
| <input type="checkbox"/> Friday Lunch (Not included): Please check here if you would like a box lunch to go and add \$10. ___ Ham ___ Turkey ___ Vegetarian | | | | | | | |
| Total Fees: | | | | | | | |

Workshop Choices: In several timeslots multiple workshop choices are offered. Please make your selections below. If no choices are made, you will be scheduled where space is available.

Wednesday Morning (Select TWO only):
 ___ Getting Students into the Speaking Zone - Upper Level Assessments
 ___ Tune into Culture with YouTube
 ___ High School TPRS

Wednesday Afternoon (Select TWO only):
 ___ Guided Writing Activities: Yes, They Can Write!
 ___ Art in the Classroom
 ___ Second Year Middle School TPRS

Thursday Afternoon (Select ONE only):
 ___ Maximizing Target Language Use in the Classroom
 ___ Second Language Acquisition: A Primer for Pre-K – 8 Teachers

Payment: Return with check payable to NYSAFLT or Credit Card (MC or VISA only)

_____ - _____ - _____ - _____ Exp ____/____

Signature authorizing payment: _____

Return to: NYSAFLT Inc, 2400 Main Street, Buffalo, NY 14214 or fax to (716) 836 – 3130.

Registration Deadline: July 15th

Cancellation Policy: If cancelling after July 15, 50% refund; after August 1, no refund.