

Conference Registration Form

Response to Intervention Cohort Training Session

Topics: Day 1 (July 16): VTSS: The Big Ideas of Middle and High Schools - Dr. Mark Shinn
Day 2 (July 17): VTSS: Evaluation - Winding Down and Moving Up

Audience for July 16-17 (All cohorts are expected to attend both days.):

VTSS Cohort Central Office Leadership Team

VTSS Cohort School Principal and VTSS Cohort Assistant Principal or VTSS School Leader

July 16-17, 2013

The Hotel Roanoke and Conference Center • Roanoke, Virginia

Please print or type—complete a separate form for each participant

Name _____

Title _____

School Division _____

School Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone No. _____ Fax No. _____

Email _____ Signature _____

Please indicate your working title:

- | | |
|---|--|
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Director of Special Education |
| <input type="checkbox"/> Assistant Superintendent | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Curriculum Specialist | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Director of Instruction | <input type="checkbox"/> Other: Please specify: _____ |

Please indicate any medically necessary (or vegetarian) dietary needs that you have: _____

Return form by **July 9, 2013** (no staples, tape, or paper clips, please) to:

Conference Registrar
Continuing and Professional Education
Virginia Tech, Mail Code 0272
702 University City Blvd.
Blacksburg, VA 24061

phone: 540/231-5182 • fax: 540/231-3306

Office Use Only	
Received	DATE: _____
	INITIALS: _____