INSTITUTE REGISTRATION FORM

Name ____________________________________________

LEA/School District __________________________________

School Name ______________________________________

Address __________________________________________

City, State, Zip Code ________________________________

Phone ____________________________________________

E-mail _____________________________________________

Please put a check by your educational role.

□ In-service Teacher   □ Pre-service Teacher

□ Administrator   □ Counselor

□ Other ________________________________

Please indicate any dietary or other needs:

_____________________________________________________

PRE-REGISTRATION DEADLINE: JUNE 22, 2010
REGISTRATION FEE (includes lunch for both days)

Education Professionals: $75
Pre-service teacher and NCCU Faculty: $35

Make your check payable to the NCCU Foundation.
On the memo line, please write Summer Technology Institute.

Mail completed form to:
Summer Technology Institute
ATTN: Edith Thorpe
North Carolina Central University
H.M. Michaux, Jr. School of Education Building
712 Cecil St.
Durham, N.C. 27707
For more information, call (919) 530-6689.