



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Division of Continuing Education

820 University City Blvd., Room 227
Mail Code 0364
Blacksburg, Virginia 24061
Phone: (540) 231-9448; Fax: (540) 231-9886
Email: rvionec@vt.edu

Attachment A to Informational Memo No. 79

REGIONAL WORKSHOPS
ANALYZING YOUR SOL TEST DATA:
IMPROVING INSTRUCTION THROUGH DATA-BASED DECISIONS

REGISTRATION FORM
(One form per school only)

REGISTRATION DEADLINE: ♦ Region 1 – June 8 ♦ Regions 3, 4, 5, 6, 7, and 8 – July 23

Please print or type:

School Division _____ Name of School _____
Name of Primary Contact Person _____
Address (school) _____
City _____ State _____ Zip _____
Daytime Phone Number ____ (____) _____ FAX Number _____
E-mail _____

Name of Participants on School Team

1. _____ 3. _____
2. _____ 4. _____

WORKSHOP COST

- Registration fee - \$30 for each participant which will include cost incurred for lunch, breaks, and workshop materials. Please send one check or purchase order (PO) for all participants from the school.

PLEASE PRE-REGISTER ME FOR THE FOLLOWING WORKSHOP: (CHECK ONE)

Directions will be mailed with participants' receipt and confirmation.

- Region 1 - June 25, Elementary/Middle Schools, Fulghum Center
Region 2 - Contact the Region 2 Best Practice Center at (757) 247-8147 for registration details.
Region 3 - August 16, Fredericksburg Area
Region 4 - August 15, Manassas City Grace Metz Jr. High School
Region 5 - August 1, Augusta County Stuarts Draft High School
Region 6 - August 3, Franklin County Center for Applied Technologies
Region 7 - August 30, Abingdon Southwest Virginia Higher Ed. Ctr.
Region 8 - August 2, Nottoway County Nottoway High School

Special Needs (please specify) _____

METHOD OF PAYMENT: ___Check / ___ PO enclosed: Make check/PO payable to: Treasurer, Virginia Tech CE
Credit Card: ___Master Card ___VISA Credit Card Number: _____ Expiration date _____
Name of Cardholder _____ Signature _____
(PRINT)

Mail to: Conference Registration
Division of Continuing Education
Virginia Tech (Mail Code 0364)
810 University City Blvd.
Blacksburg, VA 24061
FAX to: (540) 231-3306

For questions about registration please call:
Ms. Wanda McAlexander at (540) 231-5242 or
Mr. Roy Jones at (540) 231-9448

