

REGISTRATION FORM

Teacher Training for ePAT

Name: _____

E-mail: _____

Home Address: _____

Daytime Telephone: _____

Position: _____

School Division: _____

Check the site for which you are registering:

_____ Department of Education, Richmond (July 14, 2003)

_____ Abingdon High School, Abingdon (July 17, 2003)

_____ Christiansburg High School, Montgomery (July 18, 2003)

_____ Liberty High School, Fauquier (July 31, 2003)

_____ Jolliff Middle School, Chesapeake (August 1, 2003)

Please fax or mail this form by **June 6, 2003** to:

Anita W. Wallace, Specialist
c/o Lelia Pendleton
Virginia Department of Education
P.O. Box 2120
Richmond, Virginia 23218-2120
(804) 371-7585 (phone)
(804) 786-1597