

**Virginia Department of Education  
Division of Instruction  
Office of Program Administration and Accountability  
Summer Professional Development Teacher Academy  
July 11-15, 2005**

**REGISTRATION FORM**  
(Please type or print clearly)

**School Contact Information**

**Summer Contact Information**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return this form to Jennifer Sherry, ESL specialist, at the Virginia Department of Education, by fax (804) 371-7347, on or before June 10, 2005.

Note: Upon registration receipt, confirmation and additional information will be sent to each participant.