

ACADEMIC REVIEW TRAINING 2005

REGISTRATION FORM

Name: _____

Title: _____

(Summer) Mailing Address: _____

Phone #: _____ Fax #: _____

School Division: _____

Please check below the training you will attend:

- September 16, George Washington University, Loudoun (8:30 a.m. – 4:30 p.m.)
- September 23, Southwest Higher Education Center, Abingdon (8:30 a.m. – 4:30 p.m.)

- **Confirmation information will be mailed or faxed 10 days prior to the scheduled training**
- **Special accommodations or dietary requirements?** Yes No
If yes, please explain below:

Suggested team make-up: Principals, Assistant Principals, Directors of Instruction, Title I Coordinators, Special Education Coordinators, Lead Teachers

Please complete and return this form no later than September 12 to:

Sheryl Smith
Fax: (804) 786-9763
E-mail: Sheryl.Smith@doe.virginia.gov