

Registration Form

2007 STEPPING STONES INSTITUTE

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name of Participant:

Position (e.g., Administrator, Instructional Specialist, General Educator, Special Educator, etc.):

School Division or Other Affiliation:

Office Phone: (____) _____ *FAX:* (____) _____

E-mail: _____

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Please complete the registration form by Friday, August 24, 2007, and return by FAX to:

Dr. Shelly H. Bazemore
FAX: (804) 786-9763

For additional information, please contact Dr. Bazemore, Office of School Improvement by telephone at (804) 371-0117 or by e-mail to Shelly.Bazemore@doe.virginia.gov.

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HOTEL INFORMATION:

The Hotel Roanoke & Conference Center, A Doubletree Hotel

110 Shenandoah Avenue

Roanoke, Virginia 24016-2025

1-540-985-5900