

SOUTHEASTERN READING RECOVERY & EARLY LITERACY CONFERENCE

January 16-18, 2019 Kingston Plantation, Myrtle Beach, South Carolina

REGISTRATION FORM

Mail or Fax (843-471-2369) the completed form to: **SERRRA**, P.O. Box 1367, Mt. Pleasant, SC 29465
Keep a copy of the completed form for your records.

NAME: (last) _____ (first) _____ (name for badge) _____
ORGANIZATION: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (H) _____ (W) _____
FAX: _____ EMAIL: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____ (must have this to receive registration packet)

Please check ONE:

- | | | |
|---|--|---|
| <input type="checkbox"/> RR Teacher | <input type="checkbox"/> LC Coach/Mentor | <input type="checkbox"/> School Administrator |
| <input type="checkbox"/> RR Teacher Leader | <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> University faculty |
| <input type="checkbox"/> Literacy Coach Coordinator | <input type="checkbox"/> Title 1 Teacher | <input type="checkbox"/> Other (please specify) |

Session Preferences

Descriptions of sessions and a downloadable **Grid of all sessions** are available under the **Sessions** tab.
For each session, write in the codes of your preferred sessions. Please list 3 different choices for each session.

There will be a ticket exchange booth at the conference.

Session 1 (Thurs. 10:15 – 11:45)	1st Choice _____	2nd Choice _____	3rd Choice _____
Session 2 (Thurs. 1:00 - 2:30)	1st Choice _____	2nd Choice _____	3rd Choice _____
Session 3 (Thurs. 3:00 - 4:30)	1st Choice _____	2nd Choice _____	3rd Choice _____
Session 4 (Fri. 10:00 - 11:30)	1st Choice _____	2nd Choice _____	3rd Choice _____
Session 5 (Fri. 12:00 - 1:30)	1st Choice _____	2nd Choice _____	3rd Choice _____

Please check here for Vegetarian Meals _____ and/or Medical Dietary Requirements _____

<p>Registration Fee (Please check your selections)</p> <p><input type="checkbox"/> Special Offer (all 3 days)\$360</p> <p><input type="checkbox"/> Full Conference Thurs & Fri\$285</p> <p><input type="checkbox"/> Thursday Only.....\$175</p> <p><input type="checkbox"/> Friday Only.....\$140</p> <p><input type="checkbox"/> Wednesday session with Jan Richardson (1/16/19)..\$100</p> <p><input type="checkbox"/> Full time student (no meals).....\$100</p> <p><input type="checkbox"/> Late fee (postmarked or sent after 12/15/18).....\$25</p> <p>Registration Subtotal _____</p> <p>Reading Recovery Council of North America (RRCNA) Membership fees</p> <p><input type="checkbox"/> RRCNA Individual Membership.....\$70</p> <p><input type="checkbox"/> RRCNA Membership Renewal.....\$70</p> <p><input type="checkbox"/> RRCNA In-training or Retired Membership.....\$40</p> <p><input type="checkbox"/> RRCNA Supporting Member.....\$135</p> <p><input type="checkbox"/> Check here if you DO NOT wish to receive RRCNA Membership information.</p> <p>(*Go to www.RRCNA.org for information about international membership fees.)</p> <p>Membership Subtotal.....</p> <p>Total Fees.....</p>	<p>Payment Information (FED ID # 57-1010374)</p> <p><input type="checkbox"/> Check Enclosed (There will be a \$50 service charge on all returned checks.) Make checks payable to SERRRA.</p> <p><input type="checkbox"/> Credit Card # (please circle one: VISA, Discover, or MC)</p> <p>Signature: _____</p> <p>Expiration date: _____</p> <p>Security code on back: _____s</p> <p><input type="checkbox"/> Purchase Order # _____</p> <p>Attention: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip: _____ Phone: _____</p> <p>FAX: _____</p> <p>Refunds, minus a \$50 fee, will be given if written notice including Social Security number is postmarked by December 15, 2018. "No shows" will be invoiced for the full amount if written notice is not postmarked by December 15.</p>
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Would you be willing to facilitate one of the sessions you have chosen to attend (i.e., take tickets, introduce speaker, distribute evaluations)? Yes _____ No _____
If yes, please provide evening phone number and email _____