

## REGISTRATION FORM

Name of Program: **Advocating for ELLs-Collegial Circle**

Date and Time of Program: **3:45-5:00 February 1, March 15, and May 5**

Today's Date: \_\_\_\_\_

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

Title/Grade Level/Subject Area: \_\_\_\_\_

District & Building: \_\_\_\_\_

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

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

Approval Signature (District/School Administrator): \_\_\_\_\_

*Complete all lines to ensure your registration*

**FAX REGISTRATION TO: 585.352.2613 by Wednesday, January 27th, 2015**

You are not registered unless you receive an email confirmation from us.

**QUESTIONS: [vkellers@monroe2boces.org](mailto:vkellers@monroe2boces.org)**

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