

Collaboration: Teachers, Students, Professors: A Progressive Past, A Changing Present, and A Better Future
Student Teacher Supervision Conference 2010
Slippery Rock University

Registration Information

To register, check all the conference options you wish, and complete the information requested. Make checks or money orders payable to **Slippery Rock University Foundations**. **Mail registration and payment to: Student Teacher Supervision Conference c/o Dr. Mike Ryan, 119 Dinger Building, Slippery Rock University, Slippery Rock, PA 16057 or Fax registration to 724-738-4395.** Only written requests for refunds will be honored.

Print clearly or type:

Name: _____
Address: _____
City: _____ State: _____ Country: _____ Zip Code: _____
Phone Number (O) _____ (H) _____ (Cell) _____
E-mail: _____

Conference Fees

Registration:	_____ \$125.00
Teacher Candidates Only:	_____ \$50.00
Pre-Conference Legal Workshop OPTIONAL (April 29)	_____ \$100.00
Friday Night Get Away	_____ \$22.00 (per person)
Total Conference Fee:	\$ _____

Reception Information

As part of your registration fee you have the opportunity to attend two evening receptions. Please mark if you will be attending:

Thursday Evening Reception _____ Yes _____ No
Friday Evening Reception _____ Yes _____ No

Payment Information

Method of Payment: _____ Check/Money Order _____ Credit Card (see below)
 __ Visa __ Master Card __ Discover __ American Express

Credit Card #: _____
Expiration: Month: _____ Year: _____ *CVV#: _____

*Credit Card Verification Number (CVV). You are required to enter the 3- or 4-digit CVV. The CVV number is a 3-digit number in italics on the back of a Visa, MasterCard, or Discover Card. American Express cards feature a 4-digit number on the front, just above the credit card number.

Print name as it appears on credit card: _____
Credit Card Billing Address: _____
City, State, Zip: _____
Signature: _____

Note if you have a disability and will need special accommodations, please inform us prior to the conference. Please attach special requirements to your registration form.

For additional information contact:
Dr. Mike Ryan, Slippery Rock University
119 Dinger Building, Slippery Rock, PA 16057
(O) 724-738-2464; Fax: 724-738-4395; e-mail: mike.ryan@sru.edu
Conference Website: http://student-teacher-supervision.org/4th_annual_conference_spring_2010