

# Core Knowledge Preschool Institutes Registration Form Little Rock, ARKANSAS 2008-2009

## 1. PERSONAL INFORMATION

Name \_\_\_\_\_ Position \_\_\_\_\_

Institution/Preschool \_\_\_\_\_

Address  School  Home \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (School) \_\_\_\_\_ Tel. (Home) \_\_\_\_\_

Email \_\_\_\_\_

## 2. REGISTRATION AND FEES

	<b>Registration Deadline</b>	<b>Training Dates</b>	<b>Total</b>
<b>Autonomy, Social Skills, and Work Habits</b>	October 2, 2008	October 9-10, 2008 8:30am-3:30pm	<input type="checkbox"/> \$350
<b>Assessment and Planning to Address Children's Learning Needs</b>	January 22, 2009	January 29-30, 2009 8:30am-3:30pm	<input type="checkbox"/> \$350
<b>Phonological Awareness, ABC, and More</b>	April 9, 2009	April 16-17, 2009 8:30am-3:30pm	<input type="checkbox"/> \$350

## 3. PAYMENT

- Check Enclosed (Payable to the Core Knowledge Foundation)  
Mail to: **Preschool Department, 801 East High Street, Charlottesville, VA 22902**
- Purchase Order (You may fax your registration and payment information to **434 977-0021**)  
Purchase Order # \_\_\_\_\_
- Credit Card      Visa  Master Card  Amex  Discover

Name on Credit Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

## 4. LOCATION

**Holiday Inn - North Little Rock**  
120 W. Pershing Blvd.  
N. Little Rock, AR 72114

**(501) 758-1851**  
**(501) 758-5616 - Fax**  
**Ask for the Core Knowledge rate of \$79.99/night.**