



LATS Registration Form VISTA — 2008-2009

Please Copy, Fill Out and Return with Your Registration Fee to:

Abby Fischer, TRE Center, Maywood School, 1979 Central Avenue, Albany, New York 12205 OR FAX (518) 464-6353

Name: _____

Home Address: _____

City _____ State _____ Zip _____

School / Agency: _____

Position: _____ Supervisor: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Phone: _____

Email Address: _____

WORKSHOP(S) #	TITLE	DATE(s)
_____	_____	10 / 20-24 / 2008
_____	_____	2 / 2 - 6 / 2009

Amount on Check Enclosed \$ _____

MAKE CHECKS PAYABLE TO: CAPITAL REGION BOCES (Checks are held until workshop is confirmed.)

For additional information call – Abby Fischer at (518) 464-6346 (TRE Center Workshops Only)

To help us to plan for our LATS training and appropriately meet your needs, please list prior training/experience with Universal Design for Learning, Assistive Technology, Co-Teaching, Multiple Intelligences, Bloom's Taxonomy, or other topics that relate to teaching and reaching all children in a diverse classroom. Lack of previous training/experience does not preclude you from successfully participating in this program! (Please attach additional sheet(s) as necessary)

Please explain the reason(s) for your interest in this program: