

# TURNAROUND STRATEGIES FOR EVERY EDUCATOR

Targeted PLC, ELL, Math and Literacy Training for School Improvement

Featuring Dr. Anthony Muhammad, PLC Expert



## K-12 Summer Institute

July 25-26, 2010 • Indian Wells, CA

Presented by CLMS, CLHS and CLES, communities of California League of Schools

## REGISTRATION FORM

### INSTRUCTIONS: PLEASE READ CAREFULLY

#### A. REGISTERING YOURSELF OR YOURSELF AND OTHERS:

##### NEED TO SUBMIT FOR APPROVAL?

If you need to submit this form to your school or district in order to generate payment or a purchase order, you must complete ALL information before submitting.

##### ALREADY HAVE PAYMENT?

**Paying by credit card:** Go to [www.leagueofschools.org](http://www.leagueofschools.org) and complete the online registration process. After clicking "Finish," print the confirmation page (this is your receipt) for your records. Credit cards are processed immediately online.

**Paying by check or purchase order:** Go to [www.leagueofschools.org](http://www.leagueofschools.org) and complete the online registration process. After clicking "Finish," print the confirmation page and mail with your check or purchase order (P.O.s may be faxed) to the address below.

### ALL INFORMATION IS REQUIRED:

Incomplete forms may be returned to you and can delay your registration.

**PLEASE PRINT CLEARLY.** For additional registrations (from the same site), attach a sheet with additional names and emails.

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

Email: \_\_\_\_\_  
(confirmations are sent from registry@clms.net; please add to your safe sender list; we do not share our list)

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

School Address: \_\_\_\_\_

School City, State, Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Other Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
(Please list home or cell number; only used if we need to contact you regarding your registration)

#### Person Completing this Form:

Please list the name and phone of whom to contact regarding this registration (if different from above, i.e., school secretary, district office personnel)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**REGISTRATION RATE:** \$199 members and non-members

One of the following items must be included with this form:

Check  Purchase Order

Forms received without those items will **NOT** be processed.

Make checks payable to CLMS or CLHS.

For credit card registrations go to [www.leagueofschools.org](http://www.leagueofschools.org).

**Number of Attendees:**

**Total Fees Due:**

 

**REGISTER ONLINE AT [WWW.LEAGUEOFSCHOOLS.ORG](http://WWW.LEAGUEOFSCHOOLS.ORG)**

**(With credit cards, checks or purchase orders)**

6621 E. Pacific Coast Hwy., Suite 210, Long Beach, CA 90803 FAX 562-430-5607

Make checks payable to CLMS or CLHS.

#### B. SCHOOL OR DISTRICT PERSONNEL REGISTERING OTHERS:

Once you have a completed copy of the form below, **PLEASE REGISTER PARTICIPANTS ONLINE.**

**Paying by credit card:** Go to [www.leagueofschools.org](http://www.leagueofschools.org) and complete the online registration process. After clicking "Finish," print the confirmation page (this is your receipt) for your records. Credit cards are processed immediately online.

**Paying by check or purchase order:** Go to [www.leagueofschools.org](http://www.leagueofschools.org) and complete the online registration process. After clicking "Finish," print the confirmation page and mail with your check or purchase order (P.O.s may be faxed) to the address below.

**PURCHASE ORDERS AND CHECKS RECEIVED BY MAIL MUST INCLUDE A COPY OF THE CONFIRMATION PAGE OR A COMPLETED REGISTRATION FORM. THANK YOU!**

**QUESTIONS?** Contact us at [info@leagueofschools.org](mailto:info@leagueofschools.org) or (800) 326-1880.

**CANCELLATIONS:** ALL registrations submitted are subject to the cancellation policy.

Through 6/14/10 - \$60 fee  
After 6/14/10 - no refund  
A colleague may substitute for you to avoid cancellation penalties.