

The Associated Colleges of Illinois'
Center for Success in High-Need Schools
Teacher Induction Academy
Summer Retreat 2006 Registration Form

Name:											
Address:											
City/State/Zip:											
Telephone:											
Email:											
Month of Birth:		Day of birth:									
Are you currently employed? If yes, please complete the school information below. If not, please explain your motivation for attending the Summer Retreat:											
School Name:											
School District:											
School Address:											
City/State/Zip:											
School Phone:											
Job Title:											
# of years teaching:											
College(s) you attended:											
Major(s):		Minor(s):									
Graduation year:											
Are you Hispanic? What is your Ethnicity?											
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">___ Yes</td> <td style="width: 33%;">___ American Indian/Alaska Native</td> <td style="width: 33%;">___ Multi-racial</td> </tr> <tr> <td>___ No</td> <td>___ Asian ___ White</td> <td>___ Native Hawaiian/Other Pacific</td> </tr> <tr> <td></td> <td>___ African American</td> <td>___ Other</td> </tr> </table>			___ Yes	___ American Indian/Alaska Native	___ Multi-racial	___ No	___ Asian ___ White	___ Native Hawaiian/Other Pacific		___ African American	___ Other
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___ No	___ Asian ___ White	___ Native Hawaiian/Other Pacific									
	___ African American	___ Other									
*This information will only be used for grant-evaluation purposes.											

- Overnight accommodations will be shared. Please indicate the person with whom you would like to share a room, otherwise, roommates will be assigned: _____

- If you register and are unable to attend, we need to receive a cancellation notice from you **before MAY 22, 2006**. Otherwise you will be charged the room fee of \$84.00.

Your signature below indicates that you agree to these terms and conditions.

_____ Signature

_____ Date

REGISTRATION DEADLINE: May 22, 2006

FAX completed form to: 312-263-3424 (ATTN: Lidia Han).
 For additional information, please call or send an email: (312) 263-2391, ext. 38, or
lhana@acifund.org