

Arkansas Association of Colleges for Teacher Education (ArACTE) Conference Registration Form

Early Bird Registration ends March 23, 2018

Thursday, April 5th PreConference Workshop:

1:00-4:00 (Check in 12:00-1:00) University of Central Arkansas, College of Education, Mashburn Hall

- **Improving Your use of Technology for Productivity:** This hands-on workshop will highlight both the Apple and PC technologies for personal productivity. Learn how to save time using apps, google docs, calendars, etc.
- **The Science of Reading for College Professors 101:** Come learn more about the Science of Reading test and how to better prepare candidates to teach reading right from the start.

Individual Registration	Individual Registration
Workshop: Technology _____ \$60.00 Early Bird Registration _____ \$70.00 Registration after March 23 rd	Workshop: Reading _____ \$60.00 Early Bird Registration _____ \$70.00 Registration after March 23 rd

ArACTE Conference, Friday, April 6th

Brewer Hegeman Conference Center
201 Donaghey Avenue
Conway, AR

Registration from 8:00-9:00

Conference from 9:00-3:30

Registration Fee:

Individual Registration

_____ \$60.00 Early Bird Registration

_____ \$80.00 Registration after March 23rd

Group/Multi-participant Registration

_____ \$50.00 Early Bird Registration (10 or more people from a single institution)

_____ \$70.00 Registration after March 23rd (10 or more people from a single institution)

Student Registration

_____ \$20.00 Early Bird Registration (10 or more people from a single institution)

_____ \$25.00 Registration after March 23rd (10 or more people from a single institution)

Send completed registration form and check (made out to ArACTE) to:

Patricia Carbon
UCA College of Education (Mashburn)
201 Donaghey Avenue
Conway, AR 72035

Arkansas Association of Colleges for Teacher Education

INDIVIDUAL REGISTRATION INFORMATION (Please Print)

Last Name	First Name	Middle Initial
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University or School

Mailing Address	City	State	Zip Code
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Telephone Number: () _____ - _____ Fax Number () _____ - _____

E-mail: _____

GROUP/MULTI-PARTICIPANT REGISTRATION (Please Print)

University or School

Mailing Address	City	State	Zip Code
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Telephone Number: () _____ - _____ Fax Number () _____ - _____

Registrant's Last Name	First Name	Email Address	Faculty (F) or Student (S)

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