**Teacher Effectiveness for Language Learning (TELL)**

**Virginia World Language Summer Institute**

**Registration Form**

 **August 11-13, 2016**

**110 Shenandoah Ave. NW\* Roanoke, VA 24016\* (540) 985-5900**

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| * **Please note that spaces are limited, therefore, successful submission of the registration form does not guarantee acceptance into the Institute. Applications received by April 22, 2016, will get the highest consideration.** The selection process will address regional representation and priority will be given to registering teachers in their first three years of service who teach in high poverty areas. **Teachers not accepted will be placed on a waiting list.**
* *Please make sure you are available to attend the entire Institute from the evening of August 11 through August 13, 2016, before submitting your name for consideration.* Selected participants will need to arrive at the Hotel Roanoke in time for the evening opening plenary on Thursday, August 11, 2016, at 6:30 p.m.
* Return completed registration form via e-mail to Lisa.Harris@doe.virginia.gov. Questions regarding the application process may be directed to Dr. Lisa Harris at (804) 225-3666.
* Review of applications will begin on **April 22, 2016**. Applications will be accepted after this date on a space available basis.
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***Please PRINT or type.***

Title: Choose an item. First Name:       Last Name:

Position: Choose an item. # Years Teaching Experience:       Gender1: [ ]  Male [ ]  Female

School Division (County or City):

Language(s) Taught:

Preferred E-mail (school year):

Preferred E-mail (summer):

Cell or Primary Summer Phone No:

**Lodging and Meals:**  ***DOE will pay for a maximum of 2 nights/double occupancy for teachers from divisions located 25 miles or more from the conference location. Participants may request an additional night and/or a single room at their own expense. Breakfast, lunch, and dinner will be provided on Friday. Breakfast and lunch will be provided on Saturday.***

* Is your division located 25 miles or more from the conference location? [ ] Yes [ ] No
* Lodging needed on: [ ]  Thursday, August 11 [ ]  Friday, August 12 [ ]  No lodging needed
* Roommate request:

[ ]  I don’t have a roommate request. Please assign me a roommate.

[ ]  I would like to share a room with a colleague who is also applying (Fill in name):

[ ]  I would like have a single room and will pay the single room supplement fee2 of $117.85.

[ ]  I would like to add a Saturday night stay and will pay the additional night fee2 of $117.85.

* Do you have any dietary restrictions or food allergies? [ ]  No [ ]  Yes (list all):

1 Gender is for roommate assignment purposes only and will not be a factor in selection.

2 Single room and/or additional night fees must be paid directly to the hotel at check-in.