

*Registration Form  
EERC/OWP Sixth Annual Literacy Conference*

Name \_\_\_\_\_

School \_\_\_\_\_ Grade Level or Assignment \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone (school) \_\_\_\_\_ (home) \_\_\_\_\_

EERC Member  Non Member  Full-time Student\*  Taking for credit\*\*

\*If full-time student, please have faculty member sign here: \_\_\_\_\_

\_\_\_\_\_

Choice for Session A \_\_\_\_\_

Choice for Session B \_\_\_\_\_

Choice for Session C \_\_\_\_\_

**Send registration form to Karen Antikajian (Courier) c/o Jeri Ingallinero, Lane ESD**

**(Mail) PO Box 259, Cheshire, OR 97419 (Postmarked by October 4, 2005)**

**Please enclose a check for the correct amount payable to EERC.**

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Karen Antikajian  
PO Box 259  
Cheshire, OR 97419

**October Inservice Day Literacy Workshops**

**Register early Save \$\$ Get the sessions you want**

**\$5 fee for late or on-site registration**