

# SOUTHEASTERN READING RECOVERY & EARLY LITERACY CONFERENCE

January 15-17, 2020 Kingston Plantation, Myrtle Beach, South Carolina

## REGISTRATION FORM

Mail or Fax (843-471-2369) the completed form to: **SERRRA**, P.O. Box 1367, Mt. Pleasant, SC 29465  
 Keep a copy of the completed form for your records.

NAME: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (name for badge) \_\_\_\_\_  
 ORGANIZATION: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_ (must have this to receive registration packet)

Please check ONE:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> RR Teacher                 | <input type="checkbox"/> LC Coach/Mentor   | <input type="checkbox"/> School Administrator   |
| <input type="checkbox"/> RR Teacher Leader          | <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> University faculty     |
| <input type="checkbox"/> Literacy Coach Coordinator | <input type="checkbox"/> Title 1 Teacher   | <input type="checkbox"/> Other (please specify) |

### Session Preferences

Descriptions of sessions and a downloadable **Grid of all sessions** are available under the **Sessions** tab.  
**For each session, write in the codes of your preferred sessions. Please list 3 different choices for each session.**

**There will be a ticket exchange booth at the conference.**

Session 1 (Thurs. 10:15 – 11:45)	1st Choice _____	2nd Choice _____	3rd Choice _____
Session 2 (Thurs. 1:00 - 2:30)	1st Choice _____	2nd Choice _____	3rd Choice _____
Session 3 (Thurs. 3:00 - 4:30)	1st Choice _____	2nd Choice _____	3rd Choice _____
Session 4 (Fri. 10:00 - 11:30)	1st Choice _____	2nd Choice _____	3rd Choice _____
Session 5 (Fri. 12:00 - 1:30)	1st Choice _____	2nd Choice _____	3rd Choice _____

Please check here for Vegetarian Meals \_\_\_\_\_ and/or Medical Dietary Requirements \_\_\_\_\_

<p><b>Registration Fee</b>                  (Please check your selections)</p> <p><input type="checkbox"/> <b>Special Offer (all 3 days)</b> .....\$360</p> <p><input type="checkbox"/> Full Conference Thurs &amp; Fri .....\$285</p> <p><input type="checkbox"/> Thursday Only.....\$175</p> <p><input type="checkbox"/> Friday Only.....\$140</p> <p><input type="checkbox"/> Wednesday session with Jan Richardson                  (1/16/19)..\$100</p> <p><input type="checkbox"/> Full time student (no meals).....\$100</p> <p><input type="checkbox"/> Late fee (postmarked or sent after 12/15/18).....\$25</p> <p>Registration Subtotal _____</p> <p><b>Reading Recovery Council of North America (RRCNA) Membership fees</b></p> <p><input type="checkbox"/> RRCNA Individual Membership.....\$70</p> <p><input type="checkbox"/> RRCNA Membership Renewal.....\$70</p> <p><input type="checkbox"/> RRCNA In-training or Retired Membership..... \$40</p> <p><input type="checkbox"/> RRCNA Supporting Member..... \$135</p> <p><input type="checkbox"/> Check here if you <b>DO NOT</b> wish to receive RRCNA Membership information.</p> <p>(*Go to <a href="http://www.RRCNA.org">www.RRCNA.org</a> for information about international membership fees.)</p> <p>Membership Subtotal.....</p> <p><b>Total Fees</b>.....</p>	<p style="text-align: center;"><b>Payment Information</b>                  (FED ID # 57-1010374)</p> <p><input type="checkbox"/> Check Enclosed (There will be a \$50 service charge on all returned checks.) Make checks payable to <b>SERRRA</b>.</p> <p><input type="checkbox"/> Credit Card # (please circle one: VISA, Discover, or MC)</p> <p>Signature: _____</p> <p>Expiration date: _____</p> <p>Security code on back: _____ s</p> <p><input type="checkbox"/> Purchase Order # _____</p> <p>Attention: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip: _____ Phone: _____</p> <p>FAX: _____</p> <p>Refunds, <b>minus a \$50 fee</b>, will be given if <b>written notice</b> including Social Security number is postmarked by December 15, 2018. "No shows" will be invoiced for the full amount if written notice is not postmarked by December 15.</p>
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Would you be willing to facilitate one of the sessions you have chosen to attend (i.e., take tickets, introduce speaker, distribute evaluations)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please provide evening phone number and email \_\_\_\_\_