

Registration form

Minnesota Writing Project offers

Creating a District-Wide or All-School Writing Assessment

a Two-Day Workshop

Name _____

Email _____

School/District _____

Phone _____

Home Address _____

City, State, Zip _____

Courses/Grades Taught _____

(Please complete a registration form for each person.)

Who?

District or school administrators,
curriculum coordinators, and
literacy leaders

When?

August 7 and 8, 2012
Tuesday and Wednesday
8:30 am Coffee and bagels
9:00 am to 3:00 pm Workshop

Where?

12 Nicholson Hall
University of Minnesota
Minneapolis East Bank Campus

Payment:

Number of participants _____

x \$150 per person

Amount enclosed: \$ _____

Make checks payable to: University of Minnesota

Mail form and payment to:

Minnesota Writing Project
University of Minnesota
10 Nicholson Hall
216 Pillsbury Drive S.E.
Minneapolis, MN 55455

