

FACS New Teacher Inservice

September 20-21, 2011

4-H Center

#1 Four-H Way

Little Rock, AR 72223

1-888-821-2544

For new teachers who have taught 0-3 years, and returning teachers who have been back 0-3 years.

Teacher's Name: _____

School Name: _____

School Address: _____

City

State

Zip

School Telephone: _____

Home Telephone: _____

E-Mail Address: _____

Teacher:

I wish to attend this inservice. I am either a new teacher who has taught 3 years or less, or I am a returning teacher who has been back in the classroom 3 years or less.

Teacher's Signature

Number of years taught

Superintendent:

I give my consent for this teacher to attend this inservice and to support the travel, registration, and other expenses.

Superintendent's Signature

Deadline for Registration August, 29, 2011 (Postmarked)

No refunds after this date.

To complete the registration, you must mail this form along with a check or purchase order for \$250 to the FACS State Office. Registration does not cover lodging. If you have questions please call 501-682-1115.

Registration Fee: \$250

Method of Payment: Enclosed School Check # _____ Enclosed Personal Check # _____

Purchase Order # _____ Organization Issuing PO: _____

Make Checks or Purchase Orders

**PAYABLE TO:
MAILED TO:**

AATFACS / FACS Inservice
Suellen Ward, FACS Program Manager
#3 Capitol Mall Room 600
Luther S. Hardin Building
Little Rock, AR 72201

Registration forms with PO# may be

FAXED TO:

501-682-9440