



COACH FOREIGN LANGUAGE PROJECT, INC.

Professional Development for Foreign Language Educators

(562) 799-4780 x82759

Online: <http://coachflproject.org>

coachflproject@gmail.com

WORKSHOP REGISTRATION FORM SATURDAY, OCTOBER 22, 2011

PRE-REGISTRATION PAYMENT: \$100 per teacher

(must be postmarked by Saturday, Oct. 15)

*After October 15, please remit \$125

Please indicate amount and form of payment:

- A check to **COACH Foreign Language Project Inc.** is enclosed in the amount of \$100 (\$125 late registration)
COACH accepts personal or school checks. We are unable to accept purchase orders.
- Please charge \$_____ to ___Visa ___Mastercard # _____ exp. date _____
Please bring credit card to workshop to verify

Reduced rate for new teachers:

\$50 per student teacher or first year teacher *After October 15, please remit \$75

- A check to **COACH Foreign Language Project Inc.** is enclosed in the amount of \$50 (\$75 late registration)
- Please charge \$_____ to ___Visa ___Mastercard # _____ exp. date _____
Please bring credit card to workshop to verify

PLEASE NOTE:

- COACH cannot refund payment for no-shows.
- Payment must accompany pre-registration form or you must pay late registration at the door.

PARTICIPANT INFORMATION

Please **print email address clearly. All communication will be through your email.

Name _____

Home Address _____

City/State/Zip _____

Home Phone _____ **Email** _____

Special Needs _____

SCHOOL INFORMATION

School _____ District _____

School Address _____

City/State/Zip _____

School Phone _____ School Fax _____

Please mark all that apply:

Language(s) you teach: French German Chinese Korean Japanese Italian
 Arabic Latin Spanish Spanish - Native Speakers

Level(s) you teach: I ___ II ___ III ___ IV ___ AP ___ **Other:** _____

I heard about this workshop from: ___COACH email ___COACH Kick-off Workshop ___website ___Facebook ___colleague ___other

Please mail this form and payment to Shari Kaulig, COACH • 3512 Lees Ave. • Long Beach, CA 90808