

Head Start National Reporting System Training-of-Trainers

REGISTRATION FORM - PAGE 1

REGISTRATION - Please complete both of the following pages.

Step 1: Make a check next to the ONE SESSION you wish to attend.

- San Francisco, California, July 12-14, 2004
- Chicago, Illinois, July 19-21, 2004
- Reston, Virginia, July 26-28, 2004 (Washington, DC area)

Step 2: Complete the following information (a form is required for EACH participant).

NOTE: Registration forms must include the correct grant number in order to be processed.

Each Head Start grant number is composed of the following sequence of numbers and letters:

- Two numbers (for the Region), then two letters (for the type of program), then four numbers (for the specific program) - followed by three more numbers (the delegate number). The last three numbers will be either "000" for a grantee or "001", "002", "003", etc., for a delegate.
- For example: 08CH1234-005

Grant number: ___ ___ ___ ___ ___ ___ ___ ___ **Delegate number:** ___ ___ ___

Grantee or delegate agency name

Program director's name

Program director's e-mail address

Mr./Ms.

Full name

Badge name / Nickname (first name only)

Your organization (if different from agency above)

Professional title

Work address

City

State

Zip code

Work phone

Work fax

E-mail for all registration correspondence

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REGISTRATION FORM - PAGE 2

Please describe your need to attend the Head Start NRS 2004 Replacement Training-of-Trainers:

- New grantee or delegate agency since the initial NRS trainings in July and August, 2003
- Agency did not participate in the 2003 NRS training and implementation
- Agency needs a staff member certified to train in Spanish
- Agency no longer has a certified trainer on staff
- Other/further explanation: _____

Your primary duties include (Please check all that apply):

- Supervisor of teachers and/or home visitors
- Child development and education services
- Administration/management
- Disabilities services manager
- Staff trainer/staff developer
- Early Literacy Mentor-Coach
- Education manager
- Classroom teacher
- Technology support
- Consultant
- Other

Language(s) in which you will conduct local training (Please check ONE):

- Spanish (I have 8th grade fluency in Spanish reading, writing, and speaking)
- English
- Both Spanish AND English (I am fluent in both languages)

Do you want vegetarian meals?

- Yes
- No

Please describe any other special accommodations:

Step 3: Make a check next to the payment option you wish to use. The registration fee is \$250.

1) Charge my credit card upon confirmation. Please check one: MasterCard Visa

Credit card number

Name on card

Expiration date

Signature

Daytime telephone number

Credit card billing address

OR

2) Invoice my organization upon confirmation. Please include the grant and delegate numbers on checks and money orders, as well as the name of each participant for whom the payment applies, and mail payments to the address listed below.