



SIM CLASS: LEARNING STRATEGIES for PRESERVICE EDUCATORS

June 1-5, 2010

(10:00 a.m. Tuesday to
noon Saturday)

Cost: \$975 (U.S.)

(does not include meals,
transportation, or housing)

This class will enable preservice educators in teacher education programs to provide empirically validated SIM interventions to prospective teachers. The institute will focus on exploring strategies from the SIM Learning Strategies Curriculum.

Location:
University of Kansas

Burge Satellite Union
1601 Irving Road
Lawrence, Kan.

Deadline:
April 26, 2010

Registrations must be postmarked by the deadline to avoid the \$25 late fee.



MAILING ADDRESS:

HOME WORK

Name: _____
 Position: _____
 Name, as you would like it to appear on your nametag: _____
 University/College: _____

Work Address: _____

 City: _____ State/Province: _____ ZIP: _____
 (work) () _____ Work e-mail: _____

Home Address: _____

 City: _____ State/Province: _____ ZIP: _____
 Phone: (home)() _____

We e-mail **all class information**. Please print clearly an **e-mail address** that you check regularly. If you do not receive a registration confirmation e-mail within 10 business days, please contact us at simpd@ku.ed or call 785.864.0535.: _____

Alternate email: _____

PAYMENT INFORMATION

Enclosed is a check for the registration fee (plus \$25 late fee if after April 26) to ensure my place in the session

Credit Card (Visa or MasterCard) # _____
 Expiration Date: __/__/____

Personal card OR **Name of Institution:** _____

Authorization Signature: _____

P.O. # _____
 Name of Institution issuing P.O.: _____

NOTE: Additional KU tuition fees to the University of Kansas apply for those taking this class for graduate credit.

Make checks payable to KU-Center for Research on Learning

Mail to: **SIM Institutes KU-CRL**
1122 West Campus Rd. Rm. 517
Lawrence, KS 66045-3101

Please return by April 26, 2010, to avoid late fee. Notification will be posted at kucrl.org if the session is full. Do not make non-refundable travel plans until you receive confirmation that we have a sufficient number of participants to hold the institute. If you cannot attend this session, you must notify KU-CRL in writing by May 12, 2010, to receive a refund of your registration fee minus a \$25 cancellation fee. We will be unable to issue any refunds for cancellations received after **May 12, 2010.**

Contact: (ph) 785.864.0617, (fax) 785.864.5728, (e-mail) pmynsted@ku.edu

ADDITIONAL INFO

To help us ensure that this institute meets your needs, please complete the additional information section on page 2 of this registration form.

Name: _____ University: _____

1. If you are registering to participate in the workshop as part of a team from your institution, please list the other members of the team:

2. What is your college or university position, teaching area, and department?

3. How long have you been teaching and what are your areas of professional interest/research?

4. List the courses that you regularly teach:

5. What administrative positions or responsibilities do you have at your institution?

6. With which of the Strategic Instruction Model components are you familiar (check all that apply)?
 - Content Enhancement Routines
 - Learning Strategies
 - I am not familiar with either component

7. What do you expect to learn in this class?

8. How did you hear about this class?
 - Internet
 - Received a Mailing
 - Friend or Colleague
 - Other (please explain)

9. Any other comments about your expectations for this class or information you would like us to know about your goals or experience: