



# SIM CLASS: TEACHING CONTENT TO ALL

Content Enhancement  
for Effective College  
Teaching

June 1-5, 2010  
(8 a.m. Tuesday to noon  
Saturday)

**Cost: \$975 (U.S.)**  
(does not include meals,  
transportation, or housing)

This class will enable **higher education faculty** who are engaged in teacher preparation to implement a variety of empirically validated teaching routines from the SIM Content Enhancement Series. Content will emphasize inclusive course planning and the use of a variety of routines to ensure content-area mastery of critical ideas and concepts by all students.

**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 \$25 late fee.



MAILING ADDRESS:

WORK

**Name:** \_\_\_\_\_

Position: \_\_\_\_\_

Name, as you would like it to appear on your nametag: \_\_\_\_\_

University/College: \_\_\_\_\_

HOME

**Work Address:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

(work) ( ) \_\_\_\_\_ Work e-mail: \_\_\_\_\_

HOME

**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 e-mail: \_\_\_\_\_

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](http://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 22, 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 22, 2010.**

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

ADDITIONAL INFO

To help us ensure that this class 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: