

# The 9<sup>th</sup> Annual *Promising Futures* Summer Academies Registration Form

**REGISTRATION DEADLINE: JUNE 1, 2007**

**Please send a completed registration form with a check or PO made payable to the Maine State Treasurer to:**

Juanita Deschambault  
Center for Educational Transformation  
Maine Dept. of Education  
23 State House Station  
Augusta, ME 04333-0023

**Phone:** (207) 624-6627

**Fax:** (207) 624-6821

**E-mail:** [juanita.deschambault@maine.gov](mailto:juanita.deschambault@maine.gov)

**\*We are registering for:**

**\_\_\_ Level II Literacy Training**

July 23 – 24, 2007 Colby College Waterville ME  
\$200.00 *per individual participant* (includes overnight)

**\_\_\_ Literacy Leadership Team Academy – “Unleashing Powerful Literacy Learning”**

July 25 – 27, 2007 Colby College Waterville Maine  
\$325.00 *per individual participant* (includes overnights)

**\_\_\_ Level I Literacy Training**

*\$225.00 per individual participant – please select a regional training below*

**July 31 – August 2, 2007**

**August 7 – 9, 2007**

\_\_\_ University of Maine at Farmington

\_\_\_ Governor’s Restaurant, Houlton

\_\_\_ University of Southern Maine (Portland Campus)

**August 14 – 16, 2007**

\_\_\_ Hutchinson Center, Belfast

\_\_\_ Husson College, Bangor

**Registration for Level I and Level II Literacy Trainings**

Name \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

District \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

Fax # \_\_\_\_\_

Summer Email Address: \_\_\_\_\_

# The 9<sup>th</sup> Annual *Promising Futures* Summer Academies Registration Form

## Registration for Literacy Leadership Team Academy

School \_\_\_\_\_ District \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Fax # \_\_\_\_\_

| <u>TEAM MEMBER NAMES</u> | <u>POSITION</u> | <u>EMAIL ADDRESS</u> |
|--------------------------|-----------------|----------------------|
|                          |                 |                      |
|                          |                 |                      |
|                          |                 |                      |
|                          |                 |                      |
|                          |                 |                      |
|                          |                 |                      |
|                          |                 |                      |
|                          |                 |                      |
|                          |                 |                      |

### SUMMER ACADEMY SCHOOL TEAM CONTACT PERSON

Please list one person to serve as the contact person who will receive and distribute further Summer Academy information to your school's team.

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

School E-mail: \_\_\_\_\_

Summer Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Summer Phone #: \_\_\_\_\_

\_\_\_\_\_