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**NATIONAL HUMANITIES CENTER  
PROFESIONAL DEVELOPMENT SEMINAR TRAINING**

**REGISTRATION**

**Preferred Session**

**November 14-15, 2003 ( )**

**November 21-22, 2003 ( )**

**School District**

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

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

\_\_\_\_\_

\_\_\_\_\_

Is the district involved in a school-university partnership? Yes ( ) No ( )

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no, please list potential college or university partners: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would the seminar model fit into your district's professional development program and promote its goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Representatives**

1. Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address (The one you really use.): \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address (The one you really use.): \_\_\_\_\_

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

Send this form to

Seminar Training  
Education Program  
National Humanities Center  
P. O. Box 12256  
Research Triangle Park, NC 27709

**SESSIONS LIMITED TO TEN TEAMS EACH**

**REGISTRATION DEADLINE: OCTOBER 10, 2003**