



The Georgia Head Start Training and Technical Assistance State Office in partnership with the Sheltering Arms for Children Georgia Training Institute present: a series of workshops from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL)

REGISTRATION FORM

Name _____ Title _____
Organization _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Cell Phone _____ Home Phone _____
Email _____ Fax _____

I would like to register for the following workshop:

\$15 per person Challenging Behavior Module Two: Social Emotional Teaching Strategies - second in a series of five

I would like to register a group of people for the following workshop: #

\$15 per person Challenging Behavior Module Two: Social Emotional Teaching Strategies - second in a series of five
LIST EACH PERSON and their EMAIL address on a separate page and submit with the registration form.

This is the second of five workshops in a series. All workshops will be held at the Rockdale Career Academy. Each workshop will be \$15 per person and will include a continental breakfast, lunch and workshop materials. We urge you to plan to attend all five in the series. The last workshop, Leadership Strategies, we urge you to plan for the supervisor/manager to also attend. The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country.

Location: Rockdale Career Academy 1064 Culpepper Drive Conyers, GA 30094

Date: Wednesday, February 24th, 2010 9:30-3:00 PM

Dates for the Remaining Workshops in the Series:

Table with 3 columns: Workshop Name, Date, Time. Includes Challenging Behaviors 3, 4, and 5.

Payment: We accept check, cash, Visa, or MasterCard.

Check (payable to Sheltering Arms) Cash
Visa MasterCard Credit Card Number _____ Expiration Date _____

Total Amount \$ _____ # of people _____

To Register:

- By Fax: 404-523-9460, ATTN: Nika Shields
By Mail: Nika Shields, Sheltering Arms GTI, 385 Centennial Olympic Pk. Dr., Atlanta, GA 30313
By Email: nshields@shelteringarmsforkids.com

Questions: Call Nika Shields at 404-523-9906 or visit www.georgiatraininginstitute.com

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