

**LITERACY SUMMER SUMMIT:
Brain-Based Reading Research
CONFERENCE PRE-REGISTRATION FORM**

June 12-14 2014
Georgia Regents University (Summerville Campus)
Augusta, GA



Full Name: _____ (First name for badge) _____
University/Organization: _____
Preferred Mailing Address: _____
City: _____ **State/Province:** _____ **Zip/Postal Code:** _____
Country: _____ **Telephone: (_____)** _____ **Fax: (_____)** _____
Email: _____

CONFERENCE FEES

1. **Registration Fees** (All fees listed in U.S. Funds-includes continental breakfasts and lunch)

PLEASE CHECK APPROPRIATE REGISTRAION FEE: **POSTMARKED & PAID**
BEFORE/ON JUNE 2 **AFTER JUNE 2**
 \$49 \$59

I plan to attend the Friday luncheon. I do not plan to attend the Friday luncheon.

\$ _____

If you received a scholarship, check Do not pay a registration fee. Still complete this registration form.

2. **PLUs**

___ Do you plan to apply for the Professional Learning Unit? County/state where you teach _____

Cancellations/Changes and Refunds: There are no refunds for this conference

PAYMENT METHOD Check or Money Order must be in U.S. funds payable to: **CSRA READING COUNCIL**.

Please check appropriate box: Check Money Order

Please mail completed registration form with payment by Friday, June 6, 2014 to:

**CSRA Reading Council
ATTN: E. H. Taylor
2803 Wrightsboro Road
Suite 15, Box 211
Augusta, GA 30909**

* On-site registration is possible only if you contact
Dr. Paulette Harris in advance: pharris1@gru.edu
Any Questions, call: 706-829-3909