



# 2009 Powerful Learning Conference Registration Form

February 1-3, 2009 • Hyatt Regency St. Louis Riverfront Hotel (formerly Adam's Mark)

(Please print. One form per person.)

Name \_\_\_\_\_ School or Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ RPDC/County \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you a:  Classroom Teacher  Pre-K  Elementary  Middle School  High School  Special Education  Principal  
 Superintendent  Central Office Personnel  Board Member  State/Regional Professional Development Provider  Parent  Other

Please indicate your first, second and third choices for the session you wish to attend in each time period. If your first choice is full, you will automatically be registered for your next choice, depending upon availability. You will not be notified of this change.

### MONDAY, FEBRUARY 2

Concurrent Session A: 10:45 a.m. – 12:00 p.m. (Choose from A-1 through A-11; see pages 3-4 for session descriptions)

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Concurrent Session B: 1:45 – 3:00 p.m. (Choose from B-1 through B-11; see pages 4-5 for session descriptions)

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Concurrent Session C: 3:45 – 5:00 p.m. (Choose from C-1 through C-11; see page 5-6 for session descriptions)

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

### TUESDAY, FEBRUARY 3

Concurrent Session D: 10:45 a.m. – 12:00 p.m. (Choose from D-1 through D-7; see page 7 for session descriptions)

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Every attempt will be made to place you in your first choice of concurrent sessions, but space is limited. Register early to get your desired choices!

Will you be attending the Sunday evening Super Bowl party?  Yes  No

### REGISTRATION INFORMATION

**Early Registration** (postmarked no later than Dec. 31, 2008): \$200 per person

**Registration** (postmarked after Jan. 2, 2009): \$225 per person

**Make checks payable to:** Custom Meeting Planners, Inc.

**Refunds:** No refunds will be made after January 2, 2009

### To register:

MAIL completed form and payment to  
Custom Meeting Planners, Inc.

P.O. Box 30785  
Columbia, MO 65205

or FAX completed form to (573) 875-8128

### METHOD OF PAYMENT

Missouri Professional Learning Community Project School?  Yes  NO RPDC Service Center \_\_\_\_\_

Payment enclosed (Make checks payable to Custom Meeting Planners, Inc.)

Bill my school/organization (Purchase order or letter of authorization enclosed.)

Charge to the following:  Mastercard  Visa  Discover Expiration Date \_\_\_\_\_

Card No. \_\_\_\_\_ Name on card (printed) \_\_\_\_\_

Signature \_\_\_\_\_ E-mail (if different from registrant) \_\_\_\_\_

Name of Accounts Payable Contact \_\_\_\_\_ Fax No. (for invoices) \_\_\_\_\_