

Thinking Maps, Inc.

www.thinkingmaps.com



Write...from the Beginning **Training of Trainers**

Training Dates:

July 20-23, 2010

&

September 14-17, 2010

8:30am - 4:00pm

Registration Fee:

\$1395.00

Per Participant

All training to be held at

CSRA RESA

4683 Augusta Hwy S.E.

Dearing, GA 30808

(706) 556-6225

Georgia Marketing

Representative

Anne Pledger

(706) 982-9362

anne@thinkingmaps.com

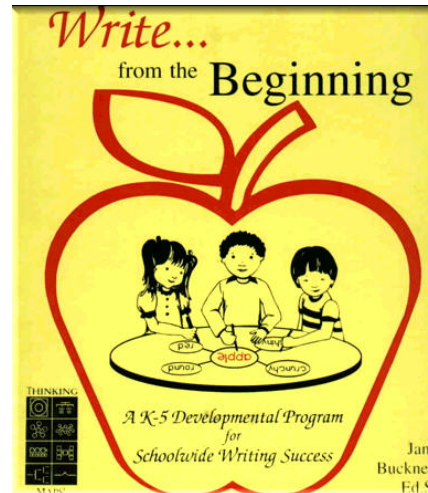
Registration

Deadline:

June 29, 2010

To attend this training you
MUST:

- **be trained and proficient in the use of *Thinking Maps*[®]**



A K-5 Developmental Program for School-wide Writing Success

Training of Trainers will Prepare you to:

- Present the *Write...from the Beginning* concept to whole schools
- Lead introductory workshops for whole schools
- Conduct systematic follow-up visitations in each school
- Give model teaching demonstrations in classrooms
- Facilitate the development of curriculum applications
- Lead schools in assessing student learning using *Write...from the Beginning*

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Registration Form (Dearing, GA – Jul/Sept '10)

\$1395.00
Registration
Fee Includes:

- 8 Days of Professional development
- WFTB K-5 Manual
- WFTB T.O.T. Manual
- Support Materials
- Morning and Afternoon Snacks

Name: _____

District: _____

School: _____

Summer Address: _____

Summer Phone #: _____

Summer Email: _____

A Confirmation Letter will be emailed to the above email address.

Area Hotels
Hilton Garden Inn
706-739-9990

Thinking Maps Rate of \$109.
Must call and request this rate.

Actual Dates:
July 20-23, 2010 and
September 14-17, 2010

Thinking Maps Inc.
401 Cascade Pointe Lane
Cary, NC 27513

Fax: (919)678-8782
Phone: (800)243-9169
or
Email:
dan@thinkingmaps.com

10 days advance notice in writing via email (dan@thinkingmaps.com) or fax (919-678-8782) is required for any cancellations/refunds. After this date, registrations will not be refunded, and districts will be billed for "no shows".

A purchase order or check must accompany this registration form. Please return your registration and payment to the address on the left.

Administrator's Signature

____/____/____
Date