

TEACHERS OF KOREAN SCHOOLS REGISTRATION FORM

Bridging Cultures: Trailblazers and Visionaries

East Rock Institute at Yale University

Friday April 8th-Sunday April 10th – Yale University New Haven, Connecticut

Please complete and fax or email this form to Debra Tillotson at East Rock Institute 203-624-7933, debra@eastrockinstitute.org by March 4, 2005 and follow with a hard copy with check enclosed.

\$70 subsidies available for the first 50 teachers to register for 2 days. The subsidy will be paid at the conference.

COMMUNICATION INFORMATION

Name: Last _____ First _____ Middle _____

Institutional Affiliation _____

Grade you teach _____

Phone Number: _____ Fax: _____

Email Address: _____

Registration		
	With Lodging (includes lunch, dinner and hotel)	Without Lodging (Includes lunch and dinner)
Korean Teachers	\$95 per day \$190 2 days (includes 2 nights hotel and 2 days conference)	\$50 (per day)
*Please note teacher Identification is required to obtain the special subsidy for teachers * 2 nights accommodation are included in the conference fee, you are responsible for the cost of any additional nights		

Registration: (Please check "x" in the appropriate space)

(1) Full registration: 2 days (April 7-9) with 2 nights lodging () \$190

OR

(2) Partial registration

Date	With lodging	Cost	Without lodging	Cost
April 7		\$95		\$50
April 8		\$95		\$50
April 9		\$95		\$50
Total				

Total Paid _____ Amount of Subsidy _____

East Rock Institute 251 Dwight Street, New Haven, CT 06511
 Phone: 203-624-8619 / Fax: 203-624-7933 Email: eri3@pantheon.yale.edu

HOTEL INFORMATION

Name: _____

HOTEL:

- Block reservation at New Haven hotels at conference rates.
- Limited numbers of rooms available; return your form to us by March 4th 2005.
- After March 4th, 2005 availability cannot be guaranteed if available the cost will increase.
- Rooms are available from 3pm Thursday April 7th to 12 noon Sunday April 10th.

Please note: The registration fee includes shared accommodation if you require a single room the price would be doubled. If you do not have someone you would like to share with we will do the room allocation.

Please indicate which nights you require accommodation for; 2 nights are included in the registration fee.

April 7th _____ April 8th _____ April 9th _____

Name of attendee you would like to share the room with:

We will make a booking for you at one of the hotels listed below:

The Colony Hotel
1157 Chapel Street
New Haven, CT 06511
Ph \$ 203-776-1234
Rate: \$99 per night + taxes
Same rate for both single (1bed)
and double (2 beds)

The New Haven Hotel
229 George Street
New Haven, CT 06510
Ph # 203-773-1641
Rate: Single (1 bed) \$99 +
taxes per night double (2 beds)
\$114 plus taxes per night

* PLEASE NOTE THESE RATES ARE ONLY AVAILABLE UNTIL MARCH 4TH 2005.

MEALS

Please indicate which meals you will be present for so we can confirm details with our caterers.

Friday 4/8/05 Lunch	
Friday 4/8/05 dinner	
Saturday 4/9/2005 lunch	
Saturday 4/9/05 dinner	