**The Power of Using Primary Sources in K-2 Classrooms**

**Teacher Workshop  
Session Description and Registration Form**

**Registration Form**

Use the form below to apply. Please note that space is limited.All fields are required \*

Top of Form

\* First Name  


\* Last Name  


\* What best describes your role? (select one)  
Teacher  
Library/Media Specialist  
Instructional Technology Specialist  
College or University Faculty  
School Administrator  
Content or Curriculum Specialist  
District Administrator  
Other (Please describe)

\* What grade levels do you teach? (check all that apply)  
  
Grade K  
Grade 1  
Grade 2

Other (Please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*School Name/Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*City in which you teach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*State in which you teach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_