**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_