

# 2010 Teacher Conservation Tour

July 6-9, 2010

Russellville, Arkansas

Please complete the following information and **return with your \$100 registration fee immediately.** Checks should be made to **AFAEF** and mailed to: Rob Beadel

Arkansas Forestry Association Education Foundation  
410 S. Cross St.  
Little Rock, AR 72201  
Phone: 501-374-2441  
Fax: 501-374-6413  
E-mail: [rbeadel@arkforests.org](mailto:rbeadel@arkforests.org)

Participant's Name \_\_\_\_\_

School/Organization \_\_\_\_\_

Grade Level/Subject(s) \_\_\_\_\_

Work Address \_\_\_\_\_

*(Street)*

*(City)*

*(ZIP)*

Work Phone \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

*(Street)*

*(City)*

*(ZIP)*

Home/Cell Phone \_\_\_\_\_

Home Email Address \_\_\_\_\_

## Lodging Requirements

\_\_\_\_\_ Yes, I will need lodging for the following nights:

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ No, I will not need housing for the workshop, but I understand that I am required to attend all sessions.

\_\_\_\_\_ Yes, I am willing to share a lodging room with \_\_\_\_\_.

*Name of roommate*

\_\_\_\_\_ No, I prefer a private room.

## Meals

\_\_\_\_\_ Yes, I will eat **all meals** with the workshop group.

\_\_\_\_\_ I will eat **only the following meals** with the workshop:

\_\_\_\_\_ Tuesday, Lunch                      \_\_\_\_\_ Tuesday, Dinner

\_\_\_\_\_ Wednesday, Lunch                      \_\_\_\_\_ Wednesday, Dinner

\_\_\_\_\_ Thursday, Lunch                      \_\_\_\_\_ Thursday, Dinner

\_\_\_\_\_ Friday, Lunch

Food Allergies or Preferences: \_\_\_\_\_

## I leaned about this workshop from:

\_\_\_\_\_ Flyer/Information provided by my principal

\_\_\_\_\_ Flyer/Information provided by my Education Service Cooperative

\_\_\_\_\_ An article in the newspaper or professional journal, **list source:** \_\_\_\_\_

\_\_\_\_\_ Flyer sent directly to me

\_\_\_\_\_ Flyer/Information from a fellow educator

\_\_\_\_\_ Email announcement

\_\_\_\_\_ Other, please describe \_\_\_\_\_

## Beverage preferences (list three, in order of preference):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**T-Shirt size** (circle one): Small Medium Large X-Large XX-Large 3X-Large

***I give permission to duplicate and distribute any educational materials submitted as a part of the course work for this workshop. I understand that these materials will NOT be used for profit without my written consent and that credit will be given for any materials used.***

***I give permission to use pictures taken by the staff and class members to promote this workshop.***

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## \*\*\*In case of emergency, contact:

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Phone number(s) \_\_\_\_\_