



**2008 New Teacher Institute
REGISTRATION and HOTEL PREFERENCE FORM
DUE JULY 1, 2008
Registration Fee \$240.00
Sunday, July 27 to Friday, August 1**

PERSONAL CONTACT INFORMATION

NTI Registrant's Name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone No: _____

SCHOOL INFORMATION

School Name (Where Registrant Will Teach): _____

School Mailing Address: _____

City: _____ State: _____ Zip: _____ School Phone No.: _____

Subject You Will Teach: _____

Grade Level: Secondary (ACTS, High School) Adult (ACTS) Post-Secondary (Community College, etc.)

WHICH CATEGORY BEST DESCRIBES YOUR CURRENT POSITION? (Check one box):*

**If you are uncertain which category best describes your position, please check with your administrator.*

- 1. I teach in an area career center or comprehensive high school and need NTI for certification and have already taught. Number of years taught: _____ yrs.
- 2. I am a brand new CTE teacher from an area career center or comprehensive high school and have not yet taught and need NTI for certification.
- 3. I am a Post-secondary or adult Instructor who needs NTI for certification for my program accrediting agency.
- 4. I am a teacher from a union, correctional facility, or other vocational program that receives DESE salary reimbursement.
- 5. I am a new CTE teacher at a community college or other educational institution and do not need NTI for certification but my institution supports my attendance and participation of NTI.
- 6. I am an academic teacher who wants to participate in NTI, but am not required to for certification. I understand my institution or I are responsible for the entire cost of the NTI program (approximately \$1200) plus the cost of tuition from UCM, if I desire college credit

HOTEL INFORMATION

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_____ I will not need housing during NTI.

_____ I will need housing during NTI.

All rooms will be assigned double occupancy.

_____ I have an NTI participant roommate request (**roommate will be assigned if none requested**)

Roommate's name _____

_____ Non-smoking

_____ Smoking

Gender (Circle one):

M

F

GENERAL INFORMATION

Preferred name on name badge _____

Preferred email address: _____

(We will use email to confirm your reservations and send you more information on or before July 4)

My signature below indicates I am committed to the semester-long New Teacher Institute Program.

Signature of Applicant

Date

Signature of Administrator (*Career Center Director/Community College Dean/Administrator*)

Date

Administrator email address: _____

Administrator phone number: _____

Mail or Fax Completed Registration and Hotel Preference Form with a \$240.00 Check or P.O. to:

Susan Graham
Missouri Center for Career Education (MCCE) / University of Central Missouri
TRG 302
Warrensburg, MO 64093
Fax (660) 543-8995
Phone (660) 543-8624

You will receive further NTI information via email from MCCE before July 4.