

Mail in Registration Form Only

If registering online go to: *WWW.LILTFL.ORG*

*This form along with a **check** payable to **LILT** must be postmarked by **February 22, 2018** and sent to: **Donna DiNatale, 98 Chelsea Drive, Mount Sinai NY 11766***

Name: _____

Home Address: _____

Cell Phone: _____

Email: _____

School: _____

I would like to register for the following sessions:

\$20 per session for members / \$30 non-members

____ 1. Fun with FLES

____ 6. Integrating Games

____ 2. Ed Puzzle with Google Classroom

____ 7. Break Out EDU

____ 3. Preparing for Checkpoint A

____ 8. Comprehensive Input

____ 4. Make Google Classroom Work for You

____ 9. Digital Narratives

____ 5. Take a Bite of the Pear

Member of LILT? ____ Yes ____ No

I have enclosed a check for \$ ____ for a total of ____ sessions.

Proof of attendance: please indicate type of certificate required by your school

____ **CTLE Certificate**

____ **Certificate of Attendance**