



## Summer Institute on Special Education

### Registration Form

Please complete this form but filling in ALL the information.

Title:  Dr.  Mr.  Mrs  Ms.

First Name:  Last Name:

School/Organisation:

Status:  Trained  Untrained Graduate  Trained Graduate

Teaching Experience:  0 - 10 years  11 - 20 years  21 - 30 years  Over 30 years

Class/Form

Subject(s) taught:

#### Personal Information

Address Line 1:

Address Line 2:

Zip:  Country:

#### Contact Information

Email:

Home Phone:  Work Phone:

Mobile Phone:

Lunch Preference:  Meat  Vegetarian

PLEASE PRINT A HARD COPY

Date:  /  /   
(4-digit) year / month /date

Please return completed registration forms to Barbados Union of Teachers, Merry Hill Welches, St. Michael or email to [BUT4@hotmail.com](mailto:BUT4@hotmail.com) by June 14<sup>th</sup>, 2013. Application Forms can also be found online: at [www.butbarbados.com](http://www.butbarbados.com)