

REGISTRATION FORM

Check the workshop(s) you will be attending:

- Using 6 Traits Writing Assessment to Teach the Genres of Writing, Grades 6-12
- Implementing 6 Traits Writing Assessment in the Primary Classroom

Name of School:

District: _____ School Phone: _____

Name of Teacher: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Note 1: Please make a copy of the application form for each teacher attending

Note 2: Teachers may register as individuals.

Fee: \$200 per person

Paying by: _____ District P.O. _____ Personal Check (Make check payable to: **UC Regents**)

Mail registration form with check or District P.O. to:

UCI Writing Project
401 Berkeley Place, Suite 3100
Irvine, CA 92697-5510

FAX to: 949-824-6685
Questions: Call 949-824-7024