

**New York State Education Department
REGISTRATION FORM**

**Diagnostic Tool for School and District Effectiveness (DTSDE) Institute
and
Professional Learning Community (PLC) Training Program**

**May 8-9, 2014
9:00 a.m. – 4:00 p.m.**

**Empire State Plaza Convention Center
South Arterial Mall, Albany NY 12242**

Meeting Rooms 1-6

Total Cost for REGISTRATION \$50.00 per person (meals included)
Breakfast and lunch served on Thursday, May 8 and Friday, May 9
Dinner will not be provided

DEADLINE FOR REGISTRATION is Friday, April 25th

Focus districts with more than one individual attending the DTSDE/PLC Institute must list names of each participant on the Registration Form. Please submit one check for all participants. Participants who write a personal check are responsible for arranging reimbursement with their district office. **Please note that purchase orders are not an acceptable form of payment.**

**Make all checks payable to the USNY Regents Research Fund. PAYMENT MUST BE RECEIVED by
FRIDAY APRIL, 25, 2014**

**Mail checks and Registration Form to:
Mrs. Patricia Riscavage
New York State Education Department
89 Washington Avenue
Room 528 EB – Mezzanine Level
Albany, NY 12234**

DTSDE and PLC Registration Instructions - Please note the following:

1. Only advance payment will be honored;
2. Onsite payment will not be accepted;
3. Checks can be school, district or personal;
4. Purchase orders will not be accepted; and
5. Registration payments are non-refundable, including when participants have paid, but are unable to attend.

Complete the Registration Form and mail with valid payment. Total cost for registration is \$50.00 per participant, including breakfast and lunch daily. Each participant must complete the 5-minute on-line survey. All Participants must identify the three (3) sessions they would like to attend as part of this survey.

School District:

Mailing Address:

Phone Number:

Dietary Needs (specify below): Kosher, Gluten Free, Vegan, Vegetarian and Pescatorian (fish diet)

List below the name(s) of participant(s), session attending and dietary needs.

Name(s) of Participant(s) (each person must complete the 5-minute online survey*)	DTSDE	PLC	Dietary Need(s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Link to required survey: <https://www.surveymonkey.com/s/may-2014-dtsde-institute>