



FEDERATED STATES OF MICRONESIA
DEPARTMENT OF EDUCATION

National Government
P.O. Box PS 87
PALIKIR, POHNPEI FM 96941
Telephone : (691) 320-2609/2647/2303 FAX: (691) 320-5500

F S M T E A C H E R C O N F E R E N C E

REGISTRATION FORM

THEME: "BRIDGING WRITING GAPS: THE MISSING LINK FROM ECE TO COMFSM"

Participation Information (Please type or print clearly)			
Title: (Prof/Dr./Ms. Etc)	First Name	M.I.	Last Name
Agency/School			
Postal Address:	City	State	Zip Code
Telephone:	Fax:	Email	
()	()		
Are you a presenter this year?	Special Assistance/Accommodation (Describe any requirements or needs that should be considered in making transportation or other arrangements)		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Evaluation Data (Please mark the appropriate box for each of the following 3 questions)			
Entity	Role group	Grade Taught (if you are a teacher, which grade you usually teach)	
<input type="checkbox"/> Chuuk <input type="checkbox"/> Kosrae <input type="checkbox"/> Pohnpei <input type="checkbox"/> Yap <input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Educator <input type="checkbox"/> Advocate <input type="checkbox"/> Administrator <input type="checkbox"/> Private Organization <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Others	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th	<input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> College
Pre-Conference Activities (Your selection is for planning only)			
<input type="checkbox"/> Island Tour	<input type="checkbox"/> Networking Meeting	<input type="checkbox"/> Education Tour	

REGISTRATION FEE*

The registration fee covers the cost of attending the conference, materials provided, as well as morning and afternoon refreshments, and lunch. A number of events are sponsored.

Participants	Cost
(a) Presenters	\$25.00
(b) Non-presenters	\$35.00

***NO REFUNDS** will be made in respect of cancellations made after 26 June 2009

PAYMENT METHODS

Payment Methods:

- a) Personal or Government PO Checks. Mail or write checks payable to:
Arthurson F. Albert
Chairman, Planning Committee
Department of Education
FSM National Government
- b) Cash. On-site payment.

TRANSPORT & HOTEL

Name of Hotel: _____

Arrival Date: _____ Arrival Time: _____ Flight #: _____

Departure Date: _____ Departure Time: _____ Flight #: _____

If you need assistance in arranging your car rental and hotel reservation, you can contact Wehns Billen 691-320-2609 (email:Wehns.Billen@fsmmed.fm).

CONFIRMATION OF YOUR REGISTRATION

Please note: If you have not received confirmation of your booking before the event, please contact us to make sure you are registered. Your registration form may have been held up on its way to us, or your confirmation details may have similarly been delayed.

Please send or mail your registration and payment details to the above address or email to Arthur.Albert@fsmmed.fm