



ST. JOSEPH'S TEACHERS' COLLEGE
16 OLD HOPE ROAD
KINGSTON 5

SYMPOSIUM FOR EARLY CHILDHOOD AND PRIMARY TEACHERS

April 7-8, 2010

ENERGIZING YOUR TEACHING THROUGH INNOVATIVE STRATEGIES

REGISTRATION FORM

Registration Fees:

Individuals: J\$6000
Group Rate J\$5000 (4 or more persons from one institution)
Day Pass J\$4500

Rates include:

Please check the applicable response:

Individual Registration Group Registration

INDIVIDUAL REGISTRATION

NAME: (Mr./Mrs./Miss/Dr./Prof.) _____

INSTITUTION: _____

ADDRESS: _____

TEL: _____ FAX: _____

EMAIL ADDRESS: _____

Vegetarian: Yes No

Other dietary needs: _____

Current teaching level: Early Childhood Primary

GROUP REGISTRATION

No. of persons in the group: _____

Group total: **\$5000** x _____ = \$ _____

(Please give names overleaf, using another sheet if necessary. Please indicate any dietary requirements and the grade level each person currently teaches)

Telephone: (876) 926-6659 or 926-7171; Fax: (876) 920-9803

Email: sjtcjamaica@hotmail.com

Website: sjtc-ja.com



ST. JOSEPH'S TEACHERS' COLLEGE
16 OLD HOPE ROAD
KINGSTON 5

Names of teachers in Group:

1. (Mr./Mrs./Miss/Dr./Prof.) _____
Please indicate special dietary requirements: Vegetarian Other (Please state)
Currently teaching: Early Childhood Primary
2. (Mr./Mrs./Miss/Dr./Prof.) _____
Please indicate special dietary requirements: Vegetarian Other (Please state)
Currently teaching: Early Childhood Primary
3. (Mr./Mrs./Miss/Dr./Prof.) _____
Please indicate special dietary requirements: Vegetarian Other (Please state)
Currently teaching: Early Childhood Primary
4. (Mr./Mrs./Miss/Dr./Prof.) _____
Please indicate special dietary requirements: Vegetarian Other (Please state)
Currently teaching: Early Childhood Primary
5. (Mr./Mrs./Miss/Dr./Prof.) _____
Please indicate special dietary requirements: Vegetarian Other (Please state)
Currently teaching: Early Childhood Primary
6. (Mr./Mrs./Miss/Dr./Prof.) _____
indicate special dietary requirements: Vegetarian Other (Please state)
Currently teaching: Early Childhood Primary

Payment method: Cash Cheque

Cheques must be made payable to St. Joseph's Teachers' College

PLEASE RETURN FORM AND PAYMENT NO LATER THAN March 31, 2010 TO:

Attn: Mrs. Rosemarie Gordon
Symposium 2010
St. Joseph's Teachers' College
16 Old Hope Road
Kingston 5

Telephone: (876) 926-6659 or 926-7171; Fax: (876) 920-9803

Email: sjtcjamaica@hotmail.com

Website: sjtc-ja.com