

**2020 WEST VIRGINIA GREAT TEACHERS**

**SEMINAR Registration Form**

(Please fill in all information)

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Institution: \_\_\_\_\_

Number of years of teaching experience: \_\_\_\_\_

Academic Discipline: \_\_\_\_\_

Do you smoke: \_\_\_\_\_no \_\_\_\_\_yes

Special accessibility needs (wheelchair access, sight/hearing impairment, etc.):\_\_

\_\_\_\_\_

Special Rooming Requirements or Preferred Roommate: \_\_\_\_\_

\_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

\_\_\_\_\_

Please submit this form by April 20<sup>th</sup> to your on campus faculty development coordinator or academic affairs provost or vice president.

Questions:

[mgoldsteinwv@gmail.com](mailto:mgoldsteinwv@gmail.com)

304 510-8788