SCIENCE OF READING CONFERENCE Building Confident and Capable Readers

Registration (NRD6F1) (Please copy this registration form for additional registrants) NOVEMBER 19 and 20, 2025 (Start time: 9 AM Eastern)			Earn One to Four Graduate Ser University of Up to four credits are	gradua
	9 and 20, 2025 (Start □ November 19 and 20		Massachusetts Global may be found	of fol
Day One only:	☐ November 19, 2025		Meet Inservice Requirements	/ Ear
Day Two only:	□ November 20, 2025		Participants can receive a certificate of partic education hours. In addition, state CEUs are a	pation
			Registration Fee	
FIRST NAME M.I. LAST NAME POSITION, SUBJECT TAUGHT GRADE LEVEL		The fee for the first or second day registration only registers for both days, the registration fee is discouper person for groups of three or more registering a Registration fees are due prior to the program . No Fee includes conference registration, a certificate of		
SCHOOL NAME			digital resource handbook with materials for	ali ses
			FIVE EASY WAYS	TO F
SCHOOL MAILING ADDR	ESS		SCAN QR code or visit: at.ber.org/regNRD	PH (1-8 (Wee
CITY & STATE		ZIP CODE		FA) 1-4 MA
SCHOOL PHONE NUMBE		ONE NUMBER)	@ EMAIL this form to:	Bur 915
<u> </u>	•		register@ber.org	Bell
	irmations and login detail	iis are sent via e-maii	Session Preferences: Ses	ssior
E-MAIL ADDRESS (<u>REQUIRED</u>	FOR EACH REGISTRANT)		DAY 1	
HOME MAILING ADDRES	S		□ One Full Morning Session: A-1 - OR -	_ o
CITY & STATE		ZIP CODE	— ☐ Two 70-Minute Morning Sessions A	C (C
PRIO	RITY ID CODE: EN	RD6F1	□ One Full Afternoon Session: B-1 - OR - □ Two 70-Minute Afternoon Sessions	□ T\ D
	METHOD OF PAYME	NT	B and - B (B-2 or B-3) (B-4 or B-5)	D
One o \$565 per perso at	(Be sure to inclu	\$595; nore registering ays. earch) is attached de priority ID code on the P.O	Cancellation/Substitutions 100% of your paid registration fee will be re us at least 10 days before the conference. L conference date will be refunded less a \$15	efunde
	teredia, vish, biscover, hivie.	X		
	3	Exp. Date:MO/Y	We stand behind the high quality of our pro- unconditional guarantee: If you are not satis	
Billing Zip Code:		Exp. Date: MO/Y Digit CVV Code: (Found on back of care	We stand behind the high quality of our pro- unconditional guarantee: If you are not sati	sfied v

er Credits

ate-level professional development ble with an additional fee and llow up practicum activities. Details www.ber.org/credit

rn State CEUs

that may be used to verify continuing le. For details, visit www.ber.org/ceus

is \$325 per person. If a person unted to \$595 per person; \$565 it the same time for both days. cash, please.

daily attendance and an extensive sions - even those you don't attend.

REGISTER:

ONE toll-free: 00-735-3503

kdays 5:30 am - 5:00 pm Pacific Time)

(this form to: 25-453-1134

> IL this form to: eau of Education & Research

118th Avenue SE • PO Box 96068 evue, WA 98009-9668

DAY 2

Numbers Required

One Full Morning Session: A-1 OR - Two 70-Minute Morning Sessions A and - A (A-2 or A-3) (A-2 or A-3)	□ One Full Morning Session: C-1 - OR - □ Two 75-Minute Morning Sessions C and - C (C-4 or C-5)
One Full Afternoon Session: B-1 - OR - Two 70-Minute Afternoon Sessions B and - B (B-2 or B-3) (B-4 or B-5)	□ Two 75-Minute Afternoon Sessions D (D-1, D-2 or D-3) - AND - D (D-4, D-5 or D-6)

ed if you can't attend and notify ncellations made prior to the e fee. Substitutions may be made at

s by providing the following vith this program, we'll give you a