|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ASCD Logo (High Resolution Pantone 490)_edited 03 Oct 2012 (3) | **Questioning Strategies**  **to Activate Student Thinking**  **Workshop Registration Form**  *(please use separate forms for each workshop)*  **Closing date 1st April 2019.** | | | | | |
| Venue: Princeton Room, ACC EduHub, Cuppage Centre #03-03 | | | | | |
| **Free for ASCD (Singapore Members) who register by 20th March 2019**  **\*** ASCD (Singapore) Institutional Members can send up to 2 teachers Free of Charge)  **S$50.00 for Non-Members and forms received after 20th March 2019** | | | | | | |
| Workshop Titles  *(please use separate forms for each workshop)*  *Select one by ticking box:*   Dates & Times | |  | **REGISTRATION FEES** | | | |
| Non-Members  *Inclusive membership fees 2019* | | ASCD (SINGAPORE)  INSTITUTE, LIFE OR ORDINARY MEMBERS | |
| Forms received  BY  20th Mar 2019 | Forms received AFTER  20th Mar 2019 | Forms received  BY  20th Mar 2019 | Forms received AFTER  20th Mar 2019 |
| * **Workshop 1**   **12th April 2019, Friday**  Half Day:2.30pm - 5.00 pm  **For SECONDARY School Teachers** | |  | 50.00  Per Person | 50.00  Per Person | Free | 50.00  Per Person |
| * **Workshop 2**   **26th April 2019, Friday**  Half Day:2.30pm - 5.00 pm  **For PRIMARY School Teachers** | |  | 50.00  Per Person | 50.00  Per Person | Free | 50.00  Per Person |

***Please type or print clearly when completing the Participants’ Details.***

***Registration Particulars –*** For Individuals ***(Note to schools: please use next section)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Participant | Email Address | Mobile No | ASCD Singapore Membership Type  *(Please check one)* | Amount Payable |
|  |  |  | Life / Ordinary  Institute  Non-Member |  |
|  |  |  | Life / Ordinary  Institute  Non-Member |  |
|  |  |  | Life / Ordinary  Institute  Non-Member |  |

|  |  |
| --- | --- |
| ***Confirmation of Payment***  For Individuals | My / Our cheque number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ made payable to **ASCD (SINGAPORE**)  for the amount of S$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ is attached.  *Please send the form by e-mail as soon as possible.*  *If making payment by cheque please post original forms with payment to the address listed below.*  Please email us if you want to remit cash directly to our bank account.  [ascd@work-solutions.com](mailto:ascd@work-solutions.com) |

***Registration Particulars –*** For Schools or Groups of 2 or More

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School |  | | |
| Postal Address |  | | |
|  | Postcode |  |
| Name of Liaison Person *(if from School)* |  | Office  Phone No |  |
| School Liaison Person’s Email Address |  | Mobile Phone No |  |

***Note to schools: It will be appreciated if you submit SEPARATE FORMS for each event to avoid confusion. Please email the completed forms to*** [ascd@work-solutions.com](mailto:ascd@work-solutions.com) ***. Please select one:***

Workshop 1: For Secondary Schools  Workshop 2: For Primary Schools

Note: Maximum Two teachers for FREE from ASCD (Singapore) Institute Members. Additional teachers will be charged at S$50.00.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant’s Particulars** | | | | | |
| No | Name of Participant | Email Address | Mobile No | ASCD Singapore Membership Type *(Please check one)* | Amount Payable) |
| 1 |  |  |  | Life / Ordinary  Institute  Non-Member |  |
| 2 |  |  |  | Life / Ordinary  Institute  Non-Member |  |
| 3 |  |  |  | Life / Ordinary  Institute  Non-Member |  |
| 4 |  |  |  | Life / Ordinary  Institute  Non-Member |  |

***Confirmation of Payment*** For Schools *(Please select one option with “X”)*

|  |  |
| --- | --- |
|  | Please **e-invoice** my school (IFAAS)  School No: \_\_\_\_\_\_\_\_\_\_\_ Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **or**  Cluster No: \_\_\_\_\_\_\_\_\_\_\_ Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Please issue a hard copy invoice. Payment will be made immediately on receipt of invoice. |

Signature:

*If sending payment (cheques) please post ORIGINAL forms and payment (if applicable) to:*

**ASCD Singapore**

**c/o Tele-Temps**

**1004 Toa Payoh North #06-08**

**Singapore 318995**

Name:

Designation:

Date:

School Stamp: