



Registration Dakota Language Teaching Workshop

(Print clearly in black ink. Do not staple anything to this form.)

Full Name _____
Last First Middle

Male Female Birth Date ____/____/____
Month Day Year

Street _____

City _____ State _____

ZIP _____ Country _____

Home Phone _____ Cell Phone _____

E-Mail (Registration and billing information will be sent to this address.)

Concordia Language Villages Parent Alum Staff

Concordia College, Moorhead, Minn. Student Alum Staff

What could you contribute to the language workshops and intergenerational weekends in terms of special talents, expertise in the Dakota language and culture?

Describe your current and past teaching experience (50-75 words)

If currently teaching (in a school/program or with an organization), please describe what you are teaching (50-75 words)

How did you hear about this workshop?

- Mailing _____
 Web _____
 Friend _____
 Other _____

What is your role in supporting Dakota language revitalization? (75-100 words)

Please indicate which workshop you will attend:

- Language Teaching Workshop
August 1-6, 2010, \$77.50
 Weekend Language Teaching Workshop
December 17-19, 2010, \$31.50

Mail or fax completed form with payment to:

Year Round Programs
Concordia Language Villages

8659 Thorsonveien NE

Bemidji, MN 56601

(800) 222-4750

educators@cord.edu

Fax (218) 586-8601

Full payment due at time of registration.

Please indicate your availability to be on staff for each of the two Intergenerational Immersion Weekend Programs:

- February 25-27, 2011
 April 15-17, 2011

Payment Method

- Check included VISA MasterCard

Credit Card Number _____

Expiration Date _____

Charge Amount _____

Cardholder Name (Please Print)

Billing Address _____

City _____ State _____

Zip _____ Country _____

Signature _____

Emergency Contact While at Workshop

Name _____

Relationship to Participant

Daytime Phone _____

Evening Phone _____

Cell Phone _____

Office Use Only Initials _____ Passport _____ Code _____ Date Received _____