

Virginia Adult Educator Certification Program for Instructors and Program Managers NOVA VAILL 2009



Virginia Adult Educator
Certification Program

The Office of Adult Education and Literacy of the Virginia Department of Education, the Virginia Adult Learning Resource Center, and Fairfax County Public Schools-Adult and Community Education are pleased to present the Northern Virginia Institute for Lifelong Learning (NOVA-VAILL) conference. This year, the conference will consist of two Level 1 sessions of the Virginia Adult Educator Certification Program (VAECP) for Instructors and Program Managers:

Framework: Fields of Adult Education and ESOL, Second Language Acquisition, Content Standards, and Assessment

Resources: Curricula, Textbook Evaluation, Distance Learning, Other Technology-supported Learning

These sessions will contribute to level certification in this newly implemented state-wide certification program. Professionals from across Virginia will gather to network, share ideas, and get the most up-to-date information on working with adult learners and managing adult education programs.

For more information on the VAECP, visit <http://www.valrc.org/trainings/certify.html>.

Dates/Times/Location

Wednesday, July 29, 2009, from 10:00 – 6:00 pm

Thursday, July 30, 2009 from 9:00 am – 5:00 pm

Johnson Center
George Mason University
Fairfax, Virginia

Conference Schedule

Wednesday, July 29, 2009

8:30 – 10:00 am	Breakfast, Registration, and Exhibits
10:00 am – noon	Plenary session
Noon – 1:00 pm	Lunch and exhibits
1:00 – 6:00 pm	Workshop sessions
6:30 – 8:00 pm	Dinner

Thursday, July 30, 2009

8:30 – 9:00 am	Early Bird Coffee
9:00 am – 12:15 pm	Workshop sessions
12:15 – 1:30 pm	Lunch and exhibits
1:30 – 4:00 pm	Workshop sessions
4:00 – 5:00 pm	Plenary session

Early registration is available on Tuesday, July 28, from 4:00 to 7:00 pm for those that arrive on Tuesday afternoon.

Registration

\$30 registration fee includes sessions, exhibits, breakfast and lunch both days, snacks, dinner on Wednesday, lodging (for a double room) and parking. Advance registration is required. Online registration is only available for participants who do not need lodging.

If you require on campus lodging, please fill out the registration form and FAX or mail it to the conference coordinator.

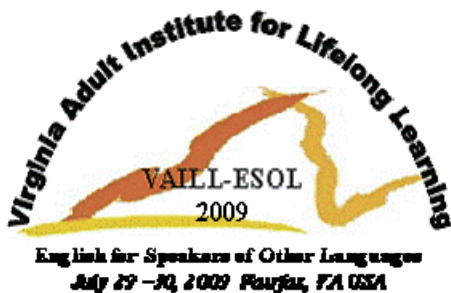
This event is being supported by federal leadership funds from the Workforce Investment Act, Title II, Adult Education and Family Literacy Act, administered by the Virginia Department of Education, Office of Adult Education and Literacy, The Virginia Adult Learning Resource Center, and Radford University.

Summer 2009 VAILL Registration Form



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Ways to Register



People who do NOT need lodging.

ONLINE

Register anytime, anywhere by visiting www.fcps.edu/aceclasses, select Adult ESOL.

PHONE

703-658-1201.
Monday – Friday, 9 am – 4:30 pm

People who need lodging.

FAX

Fax your completed form (including credit card information) to **703-658-2761**.

MAIL:

Include your payment with form.
Adult and Community Education
Attn: Jennifer Fadden, ESOL Office
6815 Edsall Road
Springfield, VA 22151

Course	Section	Start Date	Start Time	Course Title	Tuition Fee	Room Fee	Total Fees	
VAOESOL	2009	7/29/09	N/A	VAILL ESOL Conference <i>only-no accommodations</i>	\$30			
TOTAL (pay this amount)								
(FEE IS NON-REFUNDABLE)								

Male Female

Accommodations: Tuesday and Wednesday nights at George Mason University

(Check nights needed)

Tuesday

Wednesday

(Check one)

Double Room

Single Room (\$50 additional)

Commuting (no room)

Name of requested roommate:

(Both individuals requesting to share a room must list each other.)

FIRST NAME _____ MI _____ LAST NAME _____

STREET ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____ EMAIL ADDRESS Sign up for ACE classes e-mail updates. _____ PROGRAM AFFILIATION _____

PAYMENT METHOD (check one): MasterCard Visa Check (Make check payable to **FCPS ACE**.)

CARD NUMBER _____ - _____ - _____ - _____

EXPIRATION DATE (Month/Yr) _____ - _____

CARDHOLDER'S SIGNATURE _____

PLEASE PRINT CARDHOLDER'S NAME CLEARLY (AS IT APPEARS ON CARD) _____

CARDHOLDER'S ADDRESS/PHONE NUMBER (IF DIFFERENT FROM ABOVE) _____