

Facilitation of Adult Learning

March 12-13, 2019

Application Deadline: January 11, 2019



Fees: There is a **\$500** fee to help defray the cost of training materials, meals and one night of lodging per participant. Complete all sections of this application. See page 3 for additional billing information. *There are no refunds for cancellations after January 25, 2019. Payment must be received before attending the training.*

Lodging/Meals: Lodging is provided on **Tuesday, March 12th** only. Meals are provided once the session begins. The Winthrop Rockefeller Institute does not permit pets in their facilities. Additional information about lodging and amenities is available at www.rockefellerinstitute.org.

Location: Winthrop Rockefeller Institute, Petit Jean Mountain (www.rockefellerinstitute.org)

Day 1: 10:00 am – 8:15 pm

Day 2: 7:30 am – 3:00 pm

Application Date: _____

You will receive a confirmation e-mail within 1-3 business days of submitting your application. If you do not receive an e-mail, please contact Lisa Cook at lisacook@uark.edu 479-575-3324. We have a limited number of spots available for this training. The spots are filled as applications are received. You are encouraged to submit your application **with PO#** as soon as possible. If the number of allotted spots is exceeded for this session, you will be placed on a waiting list in the event there is a cancellation. The training is offered once each fall and spring semester.

INDIVIDUAL INFORMATION

I have attended another ALA Institute: YES _____ NO _____

FIRST NAME: _____

LAST NAME: _____

Please indicate any special needs: _____

SCHOOL INFORMATION

SCHOOL OR DEPARTMENT: _____

SCHOOL DISTRICT OR ORGANIZATION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ CO-OP: _____

PHONE: _____

WORK E-MAIL: _____

POSITION: _____

NUMBER OF YEARS IN EDUCATION: _____

Please answer the following questions in the space provided.

Why is it important for you to participate in the Arkansas Leadership Academy's Facilitation of Adult Learning?

What experience do you have in facilitating adult learning (professional development, meetings, etc.)?

What specific content and/or skills do you hope to gain from this training?

COMMITMENT

If selected to attend Facilitation of Adult Learning, I understand I am making a commitment to examine and improve my facilitating skills in order to improve myself and all learners, adult and children, in my system.

In order to be considered for this training, I agree to participate in both days.

APPLICANT SIGNATURE _____

PRINCIPAL/SUPERVISOR (please print): _____

If the above applicant is selected to attend Facilitation of Adult Learning, I commit to support him/her in this endeavor. I understand attendance is mandatory for both days of the institute.

PRINCIPAL/SUPERVISOR SIGNATURE _____

PRINCIPAL/SUPERVISOR E-MAIL ADDRESS _____

BILLING INFORMATION

A PO# is required for acceptance into this training. Payment is also required before attending this training. Please attach a copy of the PO to this application. The University of Arkansas Treasurer's Office will send out invoices by the end of January. Please do not remit payment until invoices are received. Please indicate below the point of contact for your invoice.

PO#: _____

NAME/OFFICE: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

Contact: Lisa Cook
lisacook@uark.edu
479-575-3324
479-575-8663 (FAX)

**Arkansas Leadership Academy
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