

# Facilitation of Adult Learning

November 19-20, 2019

**Application Deadline: August 30, 2019**



**Fees:** There is a \$500 fee to help defray the cost of training materials, meals, afternoon snack and one night of lodging per participant. See page 3 for additional billing information. *There are no refunds for cancellations after September 20<sup>th</sup>, 2019.* Payment must be received before attending the training.

**Lodging/Meals:** Lodging is provided on **Tuesday, November 19<sup>th</sup>** 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](http://www.rockefellerinstitute.org).

**Location:** Winthrop Rockefeller Institute, Petit Jean Mountain ([www.rockefellerinstitute.org](http://www.rockefellerinstitute.org))

**Day 1: November 19, 2019** 10:00 am – 8:15 pm

**Day 2: November 20, 2019** 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 Joseph Wilson at [jjw02@uark.edu](mailto:jjw02@uark.edu) or 479-575-6708. There are a limited number of spots available for this training. The spots are filled as applications are received. You are encouraged to submit your application 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: \_\_\_\_\_

To assist us in preparing for the session, please answer the following questions in the space provided.

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**

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**

The University of Arkansas Treasurer’s Office will send out invoices shortly after August 30<sup>th</sup>. Please do not remit payment until invoices are received. Please indicate below the point of contact for your invoice. A PO# is required for acceptance into this training. Payment is also required before attending this training. Please provide a copy of your Purchase Order when submitting this application (include the email address where the University of Arkansas may submit the invoice). **Your application will not be considered complete until we have a copy of your P.O.**

PO#: \_\_\_\_\_

NAME/OFFICE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Contact: Joseph Wilson**  
[jjw02@uark.edu](mailto:jjw02@uark.edu)  
479-575-6708  
479-575-8663 (FAX)

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