

# Implementing Handheld Computers in the Classroom

## Three Day Workshop:

Monday, July 28 – 10:00am to 4:00pm  
Tuesday, July 29 – 8:30am to 4:00pm  
Wednesday, July 30 – 8:30am to 1:00pm

## Location:

College of Education, 3208 Sangren Hall  
Western Michigan University

## Instructors:

Stephen Best and Mike Curtis,  
GoKnow, LLC

## Fee:

\$499.00

Participants will receive Palm Handheld Computers: A Complete Resource for Classroom Teachers, as well as the GoKnow manual for implementation of handheld computers in schools. Lunch and snacks provided Monday and Tuesday.

## For More Information:

Contact: <http://learningathand.com>

## Sponsored By:



## 3 Easy Ways to Register

### 1. ON THE WEB

The Conference Flyer is available on the website. The registration form is available in PDF format at [www.wmich.edu/conference](http://www.wmich.edu/conference) just print out and complete the form, then mail or fax.

### 2. FAX

If you are unable to access the website, please complete this form and fax it to: 269.387.4189

### 3. MAIL

Complete this form and mail to:  
**Go Know Workshop**  
Conferences and Seminars  
A-115 Ellsworth Hall  
1903 W. Michigan Ave.  
Kalamazoo, MI 49008-5280

For More Information Contact  
Conferences and Seminars  
Phone: 269.387.4174  
Fax: 269.387.4189  
[www.wmich.edu/conferences](http://www.wmich.edu/conferences)

## REGISTRATION FORM

Please print or type – duplicate as needed

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Special Needs:

- I would like a vegetable vegetarian meal.
- I am interested in earning Academic Credit from WMU.
- I have special needs to accommodate a motor/sensory impairment. (Please call 269.387.4174 at least 1 week prior to the conference about special needs.)

**Please register me for the workshop (*Pre-registration is required*):**

Total Amount Due by July 18, 2003

### Payment:

- Check or money order payable to **Western Michigan University**
- Purchase Order # \_\_\_\_\_ Contact: \_\_\_\_\_
- Visa       MasterCard       Discover

Charge Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

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