


The Language Door LLC
An Education and Resource Network
PO Box 23998 Tigard, OR 97281-3998



Presents
A Workshop for ASL Teachers

Mentoring with ASL Teachers
With Debi Duren
Saturday, May 31, 2008
9:45am-4:15pm

This workshop will be focused on the understanding of the mentoring role, the importance of a mentoring team, and considerations for being a mentor. Discussion will focus on why mentoring is important, various models of mentoring, and issues that may arise during the mentoring process.

This workshop will be presented in ASL. Interpreters will not be provided

RID CEUs:

0.5 RID CEUs Professional Studies offered through
The Language Door, an RID-Approved CMP & ACET Sponsor.



WASHINGTON STATE CLOCK HOURS: Pending.
If approved, \$2 per clock hour fee required.

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Debi Duren is currently the program coordinator of a newly established Bachelor's degree program in ASL Studies at Western Oregon University. She is very excited to see this long-awaited goal accomplished! Debi's experiences at WOU include teaching, coordinating, advising and mentoring for 19 years. Over the years, Debi has been a mentor to various organizations and ASL teachers.

COST:

75 Postmarked by May 22, 2008
\$90 Postmarked after May 22, 2008 or at-the-door
Pre-registration encouraged.

REFUND POLICY:

Registration cancellation must be received in writing.
Prior to or on May 22, 2008, refund less \$25.
After May 22, 2008, no refund.

LOCATION:

The Language Door, 8285 SW Nimbus Ave. Suite 112, Beaverton, OR 97008

LODGING:

Phoenix Inn Suites, 9575 SW Locust St., Tigard, OR 97223
503-624-9000; www.phoenixinn.com
Call for rates and availability. Includes continental breakfast.

For additional information, contact Julie Simon
info@thelanguagedoor.net
503-641-7950 503-641-7656 Fax 70.89.177.177 VP

PLEASE PRINT

NAME: _____

ADDRESS: _____

VP IP#: () _____

EMAIL: _____

Enclosed is a check payable to The Language Door.

_____ \$75 Postmarked by May 22, 2008

_____ \$90 Postmarked after May 22, 2008 or at-the-door

Or pay by credit card: **Visa Master Card Discover**
(Indicate which card)

Name on card: _____

Card #: _____

Expiration Date: _____ 3-digit code _____

Billing Zip Code _____ Amount: \$ _____

Mail registration to:
The Language Door, P.O. Box 23998, Tigard, OR 97281-3998

Fax, if paying by credit card: 503-641-7656