

# Compressed Video Conference

PARENT INVOLVEMENT GRANT  
OCTOBER 27, 2000  
10:00 A.M. - 11:30 A.M.

School District: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Participant 1: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Participant 2: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## **REGISTRATION IS REQUIRED!**

**This registration form must be faxed to Karen Ghidotti at  
501-682-9026 no later than  
October 23, 2000.**

**The Video Conference will be available at local  
educational service cooperatives. However, if there are no  
participants registered for that cooperative, that  
cooperative will not participate.**