

"Great Teaching Round Up"



tccta | texas community college teachers association

"Great sociable people, full of great teaching ideas...stress reliever... friendly environment..."
—2015 Round Up Attendee

"Conference by educators for educators!"
—2016 Round Up Attendee

YO Resort, Kerrville, Texas
May 22 - 25

Deadline to Register: May 8
Discount rates available for teams!

Process Assemble a group of people who really care about teaching and place them in an isolated, unstructured setting in the Texas hill country. *The rewards can be astounding:* Over the years, **many teachers have reported that the Round Up allowed them to believe in their chosen profession as never before.**

Expectation The Great Teaching Round Up differs from most conferences in that, for the most part, *the program is created by the participants themselves.* The staff's major role is facilitation. The format varies but often includes: teaching clinics, panels, organized discussions, "hands on" workshops, and presentations by participants or Round Up staff.

Focus The goals of the seminar include: Sharing methods and techniques ... Celebrating good teaching ... Creative, realistic problem solving ... An exploration of new ideas ... Serious introspection and self-appraisal ... Professional and personal renewal.

What to bring Comfy clothes and a great attitude.

— TO REGISTER FOR THE CONFERENCE —

To register for the "Great Teaching Round Up", please complete the registration form and send it via email, chawkins@tccta.org or fax, 512-328-1086 by **May 8, 2017.**

Registration for Members: \$690.00*

Registration for Non-Members: \$735.00*

Includes room and all but one meal (Tuesday's lunch is on your own). Transportation not included.

— TWO ATTENDEE DISCOUNT! —

Take advantage of TCCTA's discount rates for team development.

Discount Registration for Members: \$575.00*

Discount registrations are available for colleges who purchase *multiple registrations for participants willing to room together.*

*No refunds will be made after April 10.

NAME _____

DISCIPLINE _____

COLLEGE _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

E-MAIL _____

PHONE _____

FAX _____

YEARS IN CURRENT POSITION: _____

PRIMARY MOTIVATION FOR ENROLLING:

DIETARY OR DISABILITY CONSIDERATIONS:

AMOUNT OF PAYMENT: \$ _____

CHECK VISA MASTER CARD

CARD NO.: _____

EXP. DATE: _____ CVV: _____