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**Kurzweil 3000 for Windows Foundations Workshop**  
**Tuesday, April 22, 2008 - Mt Prospect, IL**

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**WHAT IS IT?**

In this six hours, hands-on training, educators will explore the reading and writing, study skills and scanning features of Kurzweil 3000 on the Windows platform and learn how to apply them in the classroom to effectively support their struggling students.

**WHO SHOULD ATTEND?**

This workshop is designed for educators, SLPs, OTs, AT specialists, paraprofessionals and parents who support students with learning disabilities and are new to (or have limited experience with) Kurzweil 3000.

**WORKSHOP PREREQUISITES**

- Familiarity with opening, editing and saving files in a computer operating system.
- View a Kurzweil demonstration at:  
<http://www.kurzweiled.com/flash.aspx>

**LEARNING OUTCOMES**

Participants will be able to:

- Use reading features, including reading speed, reading unit, and voice options to accommodate student abilities and learning styles
- Access word support and reference tools to build vocabulary and improve decoding skills
- Use study skills tools including highlighting and text annotations to facilitate active learning and complete worksheets and tests
- Use writing supports, such as talking spell checker and audible typing, to help students become better writers and editors of their own work
- Access and read existing digital materials and the vast resources of the Internet; and create digital curriculum by scanning

**LOGISTICS**

Date: Tuesday, April 22, 2008  
Sign in: 8:00 am  
Time: 8:30 am - 3:30 pm

Place: Northwest Suburban Special  
Education Organization  
799 West Kensington Rd  
Mount Prospect, IL 60056

Phone: 847-463-8100

**WHAT IS THE COST?**

Fee is \$195 per person which includes continental breakfast, lunch and workshop materials.

**HOW DO I REGISTER?**

- Full payment by credit card, check, or copy of actual PO is required before your seat is definite
- Please complete the following registration and payment form and fax it to:  
Cambium Learning Technologies 781-276-0643  
If you are paying by check, please fax the form and check to 781-276-0643 then mail both to:  
Cambium Learning Technologies  
Regional Workshops  
1223 Wilshire Blvd, Box 159  
Santa Monica, CA 90403
- Workshop size is limited; please register early to avoid disappointment.

If you have any questions about the workshop or registration process, please contact Sara at 800-894-5374 x626 or [sara@kurzweiled.com](mailto:sara@kurzweiled.com)

**PARTICIPANTS RECEIVE**

- Training Materials designed to support the learning process both during and after the workshop
- 6 Full hours of hands-on training
- Continental Breakfast and Lunch



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**PLEASE PRINT** (Each attendee must have a complete registration form for confirmation purposes.)

Name:	Title/Position:	
School/Organization:	Grade Level Responsibility:	
School District:		
School/Business Address:		
City:	State:	Zip:
Business Phone:	Business Fax:	Home Phone:
Business Email (confirmation by email ONLY):		
Area of Specialization:		

**WORKSHOP FEE PER PERSON: \$195.00**

**METHOD OF PAYMENT** (Please provide the appropriate information applicable to your form of payment.)

Payment will not be processed until the day of the workshop.

**Please fax this form and Payment Information to:** Cambium Learning Technologies - 781-276-0643  
**If you are paying by check, please fax the form and check to 781-276-0643 then mail both to:**

Cambium Learning Technologies - Regional Workshops  
1223 Wilshire Blvd, Box 159  
Santa Monica, CA 90403

<b>Purchase Order:</b> <i>Please fax copy payable to Cambium Learning Technologies</i>	Purchase Order Number:		
	Attention:		
	Invoice Ship-to Address:		
	City:	State	Zip:

<b>Personal/Business Check:</b> <i>Payable to Cambium Learning Technologies</i>	Check Number:		
	Attention:		
	Receipt Ship-to Address:		
	City:	State	Zip:

<b>Credit Card:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <b>Please note:</b> Your card will be charged by "Sopris West"	Account Number: <i>(16 Digits)</i>		
	Expiration Date: /	Amount to be Charged: \$	
	Cardholder's Name: <i>(as it appears on card)</i>		
	Cardholder's Signature:		
	Cardholder's Address:		
	City:	State	Zip:

**CANCELLATION/REFUNDS POLICY**

Any registrant who does not attend or cancel by **2 weeks prior to the workshop**, will be assessed the *full fee of \$195*.