



Michigan's Voice for Developmental Education:
Michigan Developmental Education Consortium

RESEARCH-BASED BEST PRACTICES IN DEVELOPMENTAL EDUCATION

33rd Annual Conference and 1st Annual Fall Conference

OCTOBER 12 & 13, 2017 IN BAY CITY, MI
FEATURING DR. DANIEL T. WILLINGHAM

CONFERENCE LOCATION

Delta College Planetarium
 100 Center Avenue
 Bay City, MI 48708

Doubletree by Hilton
 1 Wenonah Park Place, Bay City, MI
 (989) 891-6000
 (Conference hotel within walking distance)

CONFERENCE FEE

	Before Oct. 1	After Oct. 1
Individual	\$140	\$150
Adjunct	\$120	\$130
Student	\$75	\$75
Institutional	\$600	Not Available

THURSDAY, OCTOBER 12

1-3:40 p.m. "Simple Techniques to Prepare Any Student for a STEM Career"
 by Aurelian Balan, Associate Professor of Physics, Delta College, MI

4-5:30 p.m. "Sweet Treats and Dry Data: We Know What Works, so Now Let's
 Do It" by Alexandros M. Goudas, Associate Professor of English, Delta College, MI

5:30 p.m. Dinner and Movie ("Black Holes Revisited" in planetarium at 7 p.m.)

FRIDAY, OCTOBER 13

9-10 a.m. "Fostering Self-Regulated Learning with Research-Based Best
 Practices" by Dr. Daniel T. Willingham, Professor of Psychology at the U
 of Virginia; member of the National Board for Education Sciences
 (see mdec.net for full conference schedule)

INSTITUTIONAL PRICING

Institutional fee includes five participants. To request a transfer, contact
 jlamontagne@davenport.edu. Fill out registration form for each individual attend-
 ing. Check the box to indicate institutional pricing in the form below.

2017 Oct. MDEC CONFERENCE REGISTRATION FORM

REGISTRATION INFORMATION

**Institutional Fee Applies to
 Five Participants**

**Please make checks
 payable to MDEC
 or use PayPal:**

mdec.conference@gmail.com
 (Please note PayPal email on this form)

**Return registration form to:
 MDEC
 PO Box 338
 Sparta MI 49345**

**Email:
 jlamontagne@davenport.edu**

**Final Mail Registration Deadline:
 Sept. 25, 2017**

**Registrations will be accepted at
 the door**

NAME _____

TITLE _____

INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE NUMBER (WITH AREA CODE) _____

CHECK HERE IF YOU ARE PART OF THE SPECIAL **INSTITUTIONAL PRICING**, AND WRITE DOWN LAST
 NAMES OF THE OTHER FOUR HERE: _____

DAY(S) ATTENDING: THURSDAY FRIDAY BOTH DAYS

Conference fee includes meals at conference and a one-year MDEC membership.

IF APPLICABLE, PLEASE INCLUDE ANY DIETARY RESTRICTIONS: _____

Thursday: Dinner Friday: Breakfast and Lunch

DIETARY NEEDS: NO RESTRICTIONS VEGETARIAN GLUTEN FREE