

REGISTRATION FORM

COMPLETE AND FAX TO:

Name _____

Job Title _____

Discipline Parent Teacher Paraprofessional
 Student Other

Mailing Address _____

City _____ ST _____ ZIP _____

Home Phone _____

Email Address _____ please print

Child Supporting _____ *Age* _____ *School level* _____

Agency Name _____

Address _____

City _____ ST _____ ZIP _____

Work Phone _____

Email Address _____

Accommodations I need:
 Interpreter. Braille, Large Print (size: ____)

Credits & Points I need:
 PDP - ____ points
 Certificate of Attendance - ____ hours

Choose ONE Workshop/Class:

(Dates: _____) Deadline _____

(Dates: _____) Deadline _____

(Dates: _____) Deadline _____

(Dates: _____) Deadline _____

Registration _____ PM, Class time _____ PM with
a _____ break (time varies).

Confirmations will be sent. We must have 20 or more participants registered to provide the training so register early and tell a friend!