2009-2010 C.L.A.S.S. Model Teaching Workshops

Registration Form

PARTICIPANT INFORMATION—ONE PARTICIPANT PER FORM PLEASE

NAME _____ NAME ON NAMETAG _____

HOME STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE NUMBER _____

EMAIL ADDRESS (REQUIRED) _____ JOB TITLE _____ GRADE LEVEL(S) _____

SCHOOL NAME _____

DISTRICT NAME _____

PLEASE ☑ THE MODEL TEACHING WORKSHOP(S) YOU ARE REGISTERING TO ATTEND

MODEL TEACHING WORKSHOPS
4 Locations

Oak Trace Elementary School
16504 Oak Ridge Road
Westfield, IN 46074

- ❍ PRIMARY Grades: Thursday-10/1/09
- ❍ PRIMARY Grades: Wednesday-3/10/10

Hickory Center Elementary School
3606 Baird Road
Fort Wayne, IN 46818

- ❍ PRIMARY Grades: Thursday-11/5/09

Edgewood Primary School
7700 West Reeves Road
Bloomington, IN 47404

- ❍ PRIMARY Grades: Thursday-12/3/09

North Elementary School
440 North 10th Street
Noblesville, IN 46060

- ❍ INTERMEDIATE Grades: Thursday-11/19/09
- ❍ INTERMEDIATE Grades: Thursday-4/15/10

HOW TO REGISTER

Mail to: C.L.A.S.S. 5975 Castle Creek Pkwy N. Dr.,
Castle Creek VI ~ Suite 475
Indianapolis, IN 46250

Fax to: 317.579.9358

Email to: register@joyofclass.org

Questions? Call us! 317.572.1576

COST

The cost of each Model Teaching workshop is $129.00 per participant. Cancellations and refunds are allowable up to 10 business days prior to each workshop. Registrations are transferrable prior to the workshop. Participants who do not attend the Model Teaching workshop and do not cancel 10 business days prior to the workshop are responsible for the entire registration fee. Workshops are subject to change or cancellation by C.L.A.S.S. without penalty.

PAYMENT METHOD (PLEASE ☑ ONE)

❍ CHECK, **Payable to C.L.A.S.S** CK#_____

❍ PURCHASE ORDER—P.O. #_____

CHARGE MY: ❍MasterCard ❍VISA ❍AMEX ❍DISCOVER

Credit Card Number _____

Expiration: Month/Year _____

Name on Credit Card (Please Print) _____

Billing Address (if different than above) _____

Signature _____