

REGISTRATION FORM

Please Print

COST: FREE

- Region 1 IAASE members

SELECT ONE or BOTH TRAINING DATES

Dates: Thursday, March 8, 2018

Friday, March 9, 2018

***Attendee's Name:** _____

***Professional Title:** _____

***District/School:** _____

***Mailing Address:** _____

***Email:** _____

***Cell Phone #** _____

(to reach you very early or late in case of cancelation)

***District Phone #:** _____

(to reach you very early or late in case of cancelation)

Do you require any disability-related accommodations? _____

TWO WAYS TO REGISTER

> fax this completed form to: (630) 778-0196 attn: Anita Howard

> email this completed form to: ahoward@sased.org

If you have questions about the workshop, feel free to contact the Region 1 representatives:

Karen Cannon-Janettas @ (708) 364-3331 or

Dr. Michael Volpe @ (630) 955-8104

Any registration questions should be directed to Anita Howard at ahoward@sased.org or (630) 955-8112.