

ESC-CC REGISTRATION FORM

Be sure to complete **ALL SECTIONS** of registration form for workshops that you will be attending.

Register one person per form (print or type):

Name _____	Work Phone _____
District/Agency _____	Fax _____
School _____	E-mail Address _____
School Address _____	Home Address _____
School City/Zip _____	Home City/Zip _____
Position/Title _____	Home Phone _____
Grade Level (required) <input type="checkbox"/> Pre K-K <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-8 <input type="checkbox"/> 9-12	Cell Phone _____
Year of birth _____	Teaching Certificate Number _____

Program Title	Date	Cost
Total		

Please specify any special accommodations needed: _____

**Please indicate on this form under "PO #" line if you are waiting for district approval.
Registration will be official when a purchase order or a check is received.**

Enclosed is check(s) # _____ money order # _____ or purchase order # _____

Please mail or fax this registration form to ESC-CC as soon as possible. Make payment payable to ESC-CC:

Educational Service Center
 Registration Specialist - Attention: Bonnie Bertschinger
 Cedarwood Landing
 5811 Canal Road
 Valley View, OH 44125

Fax: (216) 901-4249

Call Bonnie at (216) 901-4229 regarding registration questions.

If you have questions regarding specific workshop content, please call the staff person designated on the course description page of the catalog.

Important: Payment for workshops must be received by ESC-CC in order to complete your registration.