Print Form

Spring 2016 Instructor Development Workshop
March 14-15, 2016
Registration

Name:_____ Instructor License Number:_____

Primary School:_____

Mailing Address:_____

City/State/Zip:_____

Phone:_____ Email:_____

- ☐ I will attend the workshop March 14-15. 2016.
- ☐ I will be unable to attend the workshop.

There is no registration fee. All participants are responsible for their meals and lodging during the event.

Registrations are due by March 1, 2016.