

REGISTRATION FORM

Follow-Up Training • Year Two

Saturday
April 30, 2005



K-12
Library
Initiative

www.k12library.info

REGISTRATION INSTRUCTIONS

- **REGISTER EARLY** — space is limited at each site!
- The workshop fee is **\$25** (lunch included).
- Registration forms must be received no later than **April 15, 2005**. Forms are available online as PDF. See: www.k12library.info/events/partfollowup.html
NO ON-SITE REGISTRATION for this event.
- Please send a check, purchase order, or credit card information with completed registration form for the workshop fee. Registrations will not be accepted without payment.
- Make checks payable to: **Puget Sound ESD**.
- A faxed purchase order will be accepted provided it is complete, approved, and accompanied by a registration form for each person registering on the purchase order.
- Registrants will receive **confirmation by letter** which will include directions to the site and materials to bring.

Clock Hours:

www.psesd.org/classes/clockhours/default.html Five clock hours (**\$10**) are available for this workshop. Payment and registration for clock hours will occur only on site at each location. **Do not send** clock hour payment with your workshop registration.

For Registration Questions and Online Registration:

Call 206.439.6927 or 1.800.664.4549 ext. 6927 or see: www.psesd.org/classes/html/reg_help.shtml

Cancellations:

All cancellations must be received, in writing, by **Friday April 15, 2005**. The cancellation fee is **\$10**.

To Request Disability Accommodations:

Please notify your local ESD, Community College, or school district at least 10 days in advance of the event.

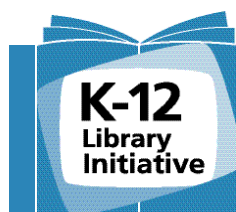
Purchase Order #: _____

Check Enclosed: _____ Mastercard Visa

Card Number: _____

Exp. Date: _____ Total Enclosed: \$ _____

Signature: _____ Date: _____



Return this form with your fee to:
Puget Sound ESD • M/S KR01
400 SW 152nd Street • Burien, WA • 98166
Or FAX us 24 hours at: (206) 439-6915

Participant's Name: _____

Current Position: _____

Supervisor Teacher Librarian Paraeducator

District: _____

Building: _____

Elem. M.S. H.S. Tech Admin. Other _____

Work Address: _____

City: _____ Zip: _____

Work Phone: _____ FAX: _____

Email: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ FAX: _____

Email: _____

I give my permission for the Trainers and K12 Library Initiative Steering Committee to use my email address for contacting me.

Signature: _____

Please select the location you wish to attend:

MS5LIFSL
Puget Sound ESD • Shoreline School District Center
Geneva Norton

MS5LIFPS
Puget Sound ESD • Burien
Karen Farley

MS5LIFNT
ESD #113 • North Thurston SD • Woodland Elementary
Debra Kilcup

MS5LIFML
ESD #101 • Medical Lake High School
Nadean Meyer

MS5LIFP
ESD #123 • Pasco
Peggy Main