

REGISTRATION FORM

Initial Training • Year Three

Thursday-Friday
August 18-19, 2005

K-12
Library
Initiative

www.k12library.info

REGISTRATION INSTRUCTIONS

- **REGISTER EARLY — space is limited at each site!**
- The workshop fee is **\$55** (lunch included).
- Registration forms must be received no later than Session 3: **August 1, 2005.**
- **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.**

Clock Hours and College Credit:

See: www.psesd.org/classes/clockhours/default.html

Thirteen clock hours (**\$26**) or one college credit from Seattle Pacific University (**\$65**) are available for this workshop. Payment and registration for clock hours and college credit will occur only on site at each location. **Do not send** clock hour or credit payment with your workshop registration.

For Registration Questions or 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
Session 3: **August 1, 2005**
The cancellation fee is \$10.

To Request Disability Accommodations

Please notify the site you are attending at least 10 days in advance of the event.

Purchase Order #: _____

Check Enclosed: _____ Mastercard Visa

Card Number: _____

Exp. Date: _____ Total Enclosed: \$ _____

Signature: _____ Date: _____

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: _____

Session 3: August 18-19, 2005

MS5LIAW

Pioneer Middle School
450 Bridge Street
Walla Walla, WA 99362-3599

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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