

**REGISTRATION FORM
for EDCO Workshops**

TO REGISTER: Please complete and ***SEND THIS FORM TO THE OFFICE OF THE ASSISTANT SUPERINTENDENT IN YOUR DISTRICT.***

Forms should be mailed **before the Deadline** for Registration date. Registrants will receive a ***letter of confirmation (or notice of wait list status)*** and directions indicating the workshop location directly from **EDCO**.

Name _____

Position/Grade Level _____

School District _____

School Name _____

School Address, Town, State, Zip _____

School Phone _____

Home Phone _____

Home Address, Town, State, Zip _____

E-Mail Address _____

I wish to register for:

& Name: _____

& Name: _____

& Name: _____

Send this form to the office of the Assistant Superintendent in your district.

Registrants will receive a letter of confirmation (or notice of wait list status) and directions indicating the workshop location from EDCO.