



Registration Form for License Renewal Workshops

Summer 2009



Name:	School:	
Address:		
City:	State:	Zip:
Email:		

Please check which workshop(s) you are registering for and if CRUs are desired ¹ :					Price (Price if 3 or more attendees from one district)
Desired wksp(s)	CRUs desired?	Workshop	Instructor	Date	
<input type="checkbox"/>	<input type="checkbox"/>	Crisis Leadership	Dr. Jason Winkle	June 6 & 7	\$150 (\$140)
<input type="checkbox"/>	<input type="checkbox"/>	What Great Teachers Do Differently	Dr. Todd Whitaker	June 9-11	\$225 (\$200)
<input type="checkbox"/>	<input type="checkbox"/>	Successful Leadership Practices for Special Education	Dr. Gary Collings	June 15-17	\$225 (\$200)
<input type="checkbox"/>	<input type="checkbox"/>	Gateway to Mastery Approach to School Improvement	The Burgards	June 22-26	\$350
Education Policy Series with Dr. John Ellis			\$150 each / \$275 for two / \$400 for three		
<input type="checkbox"/>	<input type="checkbox"/>	Education Policy Development		June 4 & 5	
<input type="checkbox"/>	<input type="checkbox"/>	Evaluating & Proposing Policy		June 22 & 23	
<input type="checkbox"/>	<input type="checkbox"/>	Becoming Engaged with the Process		June 25 & 26	

¹Course credit is also available (\$150/credit hour plus \$35 application fee). Check here if desired and call office to relay which one(s) and for instructions on how to sign-up and make this additional payment.

**** Additional registrants from your school/district should be listed on back or in separate document with names and email addresses ****

TOTAL PAYMENT: \$ _____

Payment may be by check (to Indiana State University) or credit card.

Payment by P.O. subject to \$25 additional fee per registration form.

Registration and payments may be made via mail, fax (812-237-8041), or as e-mail attachment to the attention of Sandy Shields, ELAF Dept., College of Education, ISU, Terre Haute, IN 47809 (s-shields@indstate.edu; 812-237-2895). If paying by credit card, complete the below information although we recommend you send via mail, fax, or phone call as email is not secure.

Visa MasterCard

Card # _____ Expiration Date: _____

Name as it appears on card: _____

Signature: _____

Billing Address: _____

Registrations must be received by 10 days prior to scheduled workshop. No refunds after this date.