



Workshop Registration Form

Name: _____

District: _____ **Building:** _____

School Phone: _____ **School Fax:** _____

Email: (For Confirmation) _____

Teacher Admin Other _____ Bill District Check Enclosed
 Grade Level _____ Content Area _____

Home Address: _____

Home Phone: _____

Would you like to be notified of upcoming workshops via Email? YES NO

 **Supervisor Signature:** _____ 

	Workshop Title	Date	Time	Location
1.				
2.				
3.				
4.				

Please Fax, Mail or Email Registration to:

Trish O'Brien Grossman
 WSWHE BOCES
 27 Gick Road
 Saratoga Springs, NY 12866

Fax: (518) 581-3737 Phone: (518) 581-3735
 Email: tgrossman@wswebores.org
 Web: wswebores.org/modsch

Please note: Upon registering, you will receive an "Official Confirmation" from tgrossman@wswebores.org
 (If you do not receive an "Official Confirmation" please call 581-3735, to make sure that your seat is reserved in the class)