WSWHE BOCES School Library System Registration Form

www.wswheboces.org/sls/index.htm

WSWHE BOCES School Library System Registration Form

Fax	Mail	Phone
(518) 581-3709 OR (518) 746-3709	WSWHE BOCES SLS 27 Gick Road Saratoga Springs, NY 12866	(518) 581-3700 OR (518) 746-3700

Meeting / Workshop: _____

Date: _____ **Time:** _____

Name: _____

Email: _____

District: _____

Building: _____

School Phone: _____ Ext:_____

School Fax: _____

Home address: _____

Home Phone: _____

I am a (choose one): Teacher Administrator

Other (specify): _____

Grade Level: _____ Content Area: _____

Fee for Meeting / Workshop: _____

Supervisor's Signature: _____

BOCES Participants Only: Dept: _____ Coser #_____