

PLEASE PRINT
CLEARLY AND
COMPLETE
EACH SECTION



Teach in Mass.org

Fall 2010
COURSE SELECTIONS



COURSE REGISTRATION

MAIL OR FAX REGISTRATION FORM TO:

HEC Licensure Programs, Attention: Ann Paquette
97 Hawley Street, Northampton, MA 01060
413-586-2878 Fax

Last Name _____

First Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone with Area Code (_____) _____

Cell Phone with Area Code (_____) _____

E-mail _____

An e-mail address is required for all course participants.

Please visit our website (TeachInMass.org) for information about free e-mail accounts that are available through Google, Yahoo, and other providers.

School or Work Name _____

School or Work Address _____

City _____ State _____ Zip Code _____

School Phone with Area Code (_____) _____

School Fax with Area Code (_____) _____

School System _____

Position _____ Grade Level _____

All registration materials and forms are also available at TeachInMass.org

Unless noted as 'Hybrid Online,' courses are conducted in a traditional class meeting format.

Cases & Concepts in Educational Administration

Hybrid Online with 3 meetings in Holyoke

Law for the Educator

Hybrid Online with 3 meetings in Holyoke

Internship and Reflective Analysis Seminar

Northampton

Hybrid Online with 3 meetings in Worcester

Impact of Technology on Education

Hybrid Online with 3 meetings in Northampton

Hybrid Online with 3 meetings in Worcester

Integrating Reading & Writing into the Subject Area Curriculum

Northampton Lowell

Hybrid Online with 3 meetings in Worcester

Assessment for Reading Instruction

Holyoke

Lowell Worcester

Hybrid Online with 3 meetings in Northampton

Teaching & Assessing Reading & Writing for English Language Learners

Hybrid Online with 3 meetings in Worcester

Principles of Second Language Acquisition

Hybrid Online with 3 meetings in Worcester

Working with the Struggling Reader

Northampton Holyoke

Lowell Worcester

Hybrid Online with 3 meetings in Worcester

WITHDRAWALS

WITHDRAWAL POLICY (applies to all registrants)

If it becomes necessary to withdraw from a course, you must notify the HEC Licensure Program office **in writing**, attention Ann Paquette. Written withdrawals forwarded via mail to the address below, by fax (413-586-2878), or e-mail (apaquette@collaborative.org) are accepted without penalty until 3:00pm, five working days prior to the first meeting date. After that date there will be no refunds or billing adjustments.

I have read and I understand the above policy.

Signed _____ Date _____

PAYMENT

PAYMENT FOR INDIVIDUAL COURSES AND ANY LATE FEES MUST BE INCLUDED WITH REGISTRATION (program enrollees are billed separately for tuition)

Participation Level:

Licensure Program Enrollee
 Pay plan per Commitment Letter

Individual Course Registration
\$620 per course.

\$50 late fee enclosed for each late course registration

TOTAL: \$ _____

Form of Payment:

Check enclosed (Payable to Hampshire Educational Collaborative)

PO # _____

Credit Card: Visa MasterCard Discover

Card Number _____

Expiration Date _____ V Code _____

Name on Card _____

Billing Address for Card _____

Total Amount to Bill to Card: \$ _____

Signature _____