



PLEASE PRINT CLEARLY AND COMPLETE EACH SECTION



COURSE REGISTRATION

MAIL OR FAX REGISTRATION FORM TO:

Educator Licensure Programs, Attention: Ann Paquette Collaborative for Educational Services 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.

Bureaucracy in Education

Hybrid Online with 3 meetings in Worcester Holyoke

Curriculum Leadership and Evaluation

Hybrid Online with 3 meetings in Worcester Holyoke

Contemporary Issues in Education

Hybrid Online with 3 meetings in Northampton

Working with Individuals with Special Needs

Hybrid Online with 3 meetings in Worcester Lowell Northampton Worcester

Working with the Range of Students in Mathematics

Hybrid Online with 3 meetings in Worcester Lowell Northampton Worcester

Inquiry Science

Hybrid Online with 3 meetings in Worcester

Curriculum & Assessment for Teachers

Hybrid Online with 3 meetings in Worcester Lowell Northampton

Using Primary Sources

Hybrid Online with 3 meetings in Worcester

Language Learning & Literacy

Hybrid Online with 3 meetings in Worcester Northampton

Specialized Reading Approaches

Hybrid Online with 3 meetings in Holyoke

WITHDRAWALS

WITHDRAWAL POLICY (applies to all registrants)

If it becomes necessary to withdraw from a course, you must notify the Collaborative's Licensure Programs office in writing, attention Ann Paquette. Written withdrawals forwarded via mail to the address below, by fax (413-586-2878) or by e-mail (apaquette@collaborative.org), are accepted without penalty until 3:00pm, five calendar 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 Individual Course Registration \$620 per course \$50 late fee enclosed for each late course registration

TOTAL: \$

Form of Payment (individual course registrations and any late fees):

Check enclosed PO # Credit Card (ALL INFO below required): Visa MasterCard Discover

Card Number Expiration Date V Code Name on Card Billing Address for Card

Total Amount to Bill to Card: \$

Signature

413.586.4900