



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.

Cases and Concepts in Educational Administration

[] Hybrid Online with 2 meetings in Holyoke and 1 meeting in Worcester

Law for the Educator

[] Hybrid Online with 3 meetings in Worcester

Integrating Reading and Writing into the Subject Area Curriculum

[] Hybrid Online with 3 meetings in Worcester [] Lowell [] Northampton

Introduction to Educational Technology

[] Hybrid Online with 3 meetings in Northampton [] Hybrid Online with 3 meetings in Worcester

Working with the Struggling Reader

[] Hybrid Online with 3 meetings in Worcester [] Lowell [] Northampton [] Worcester

Assessment for Reading Instruction

[] Hybrid Online with 3 meetings in Worcester [] Lowell [] Northampton [] Worcester

Internship and Reflective Analysis Seminar

[] Hybrid Online with 3 meetings in Worcester

Theory and Practice in Fostering Literacy in a New Language

[] Hybrid Online with 3 meetings in Worcester

Theory and Practice of Acquiring a Second Language

[] 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 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 (Tuition payment plan per Commitment Letter) [] 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 (Payable to Collaborative for Educational Services) [] 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