

**REGISTRATION FORM  
for EDCO Workshops**

TO REGISTER: Please complete and *SEND THIS FORM TO THE OFFICE OF THE ASSISTANT SUPERINTENDENT IN YOUR DISTRICT.*

Forms should be mailed **before the Deadline** for Registration date.

**Registrants will receive a *letter of confirmation* and directions indicating the workshop location directly from EDCO.**

Name \_\_\_\_\_

Position/Grade Level \_\_\_\_\_

School District \_\_\_\_\_

School Name \_\_\_\_\_

School Address, Town, State, Zip \_\_\_\_\_

\_\_\_\_\_

School Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address, Town, State, Zip \_\_\_\_\_

\_\_\_\_\_

E-Mail Address \_\_\_\_\_

I wish to register for:

# & Name: \_\_\_\_\_

# & Name: \_\_\_\_\_

# & Name: \_\_\_\_\_

**Send this form to the office of the Assistant Superintendent in your district.**

***Registrants will receive a letter of confirmation and directions indicating the workshop location from EDCO.***