

EDCO Collaborative
Professional Development Programs
Registration Form
Phone (781) 259-3445 / Fax (781) 290-4923

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.*

Participant Name: _____

**Workshop Title
& Date(s):** _____

Grade & Position: _____

School: _____

District: _____

School Phone: _____

Home Address: _____

Home Phone: _____

Work email: _____

Home email (if available): _____

To Be Filled out by the Assistant Superintendent's Office

Method of Payment

Please choose one of the following options:

Payment Options

Please check one and provide information where necessary. Checks/P.O.s are payable to: EDCO Collaborative, 36 Middlesex Turnpike, Bedford, MA 01730.

P.O. #

Personal Check *(if participant is paying for himself/herself)*

Bill to the attention of: