

**ESC of Medina County \* Ashland University \* The University of Akron  
Ohio Educators' Symposium  
June 12-15, 2017**

**Personal Contact Information**

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 check if this is a new address  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**School District**

Name \_\_\_\_\_  
 State \_\_\_\_\_  
 County \_\_\_\_\_  
 Title/Position \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Social Security # \_\_\_\_\_

**Method of Payment:**

**Cash**     **Check**     **Money Order**

**Payable to: ESC of Medina County**

**Purchase Order**

**P.O. Number** \_\_\_\_\_

**Credit Card**

**Card Type** \_\_\_\_\_

**Card Number** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Signature** \_\_\_\_\_

I am requesting  
 \_\_\_\_\_ CEUs only  
 \_\_\_\_\_ 1 Semester Hour Ashland University  
 \_\_\_\_\_ 2 Semester Hours Ashland University  
 \_\_\_\_\_ 1 Semester Hour University of Akron  
 \_\_\_\_\_ 2 Semester Hours University of Akron

**Answer these questions only if you are requesting Semester Hours.**

**Ohio Resident** \_\_\_ YES \_\_\_ NO

**Date Ohio Residence Established:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_ Male

**I have a valid teaching license**

\_\_\_ Female

\_\_\_ YES \_\_\_ NO

\_\_\_ Black or African American

\_\_\_ American Indian or Alaska Native

\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_ Asian

\_\_\_ White

\_\_\_ Hispanic or Latino

**I have at least a Bachelor's Degree**

\_\_\_ YES \_\_\_ NO

**College/University** \_\_\_\_\_

**Date Awarded** \_\_\_\_\_

**Other names under which you have registered at Ashland/Univ. of Akron** \_\_\_\_\_

\$490 - Includes 2 Semester Hours

**OR**

\$350 - Includes 1 Semester Hour

**OR**

\$210 - Includes 2.8 CEUs

**OR**

\$100 - June 12 Gifted PD Only

**Registration Deadline: May 12, 2017**