

Fall/Winter 2014-2015 Staff Development Registration Form

Name: _____ Social Security No.: _____

Home Address: _____
 check if new address _____ City _____ State _____ Zip _____

Home Phone: _____ Daytime Phone: _____

School District of Employment: _____ E-mail Address: _____

Position Held & School Building: _____ Date of Birth: _____

Are you taking for semester hours? _____ Yes _____ No Catalog Delivery Preference: _____ Hard Copy _____ Electronic

Method of Payment:

Cash Check Money Order Please make check/money order payable to Medina County Schools.

Visa MasterCard Card Number: _____ Exp. Date: _____ Amount: _____

3-Digit Security Code (Located on the back of the card.) _____ Signature: _____

Face-to-Face Workshops (Online Courses on next page.)

Workshop number (4-digit number listed next to title)	Face-to-Face Workshop Title	Registration Fee/ Out-of-District Fee	Book Fee (if applicable)

