Fall/Winter 2015-2016 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: | | | |
| 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 ESC of Medina County. | | |
| ☐ Visa ☐ MasterCard Card Number: | Exp. Date: | Amount: | |
| 3-Digit Security Code (Located on the back of the card.) | Signature: | | |
| Face-to-Face W (Online Courses o | • | | |

| Workshop number (4-digit number listed next to title) | Face-to-Face Workshop Title | Registration Fee/ Out-of-District Fee | Book/Supply Fees (if applicable) |
|---|-----------------------------|---|--|
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Fall/Winter 2015-2016 Staff Development Registration Form (Continued from page 13.)

Online Courses

| Online Course Title | Session (check one) | | Fee (check one) | Out-of-District Fee | | | |
|--|------------------------|-------------------|---|------------------------|--|--|--|
| | | | ☐ 0 Semester Hours (2.4 CEUs) \$105 | *\$105 | | | |
| | 1 1/11/15 | 1 02/10/16 | ☐ 1 Semester Hour Ashland University\$235 | *\$260 | | | |
| | 1 2/09/15 | 3 03/16/16 | ☐ 2 Semester Hours Ashland University\$410 | *\$460 | | | |
| | 1 01/13/16 | | ☐ 1 Semester Hour University of Akron\$235 | *\$260 | | | |
| | | | ☐ 2 Semester Hours University of Akron\$410 | *\$460 | | | |
| | | | ☐ 0 Semester Hours (2.4 CEUs) \$105 | *\$105 | | | |
| | 1 1/11/15 | 1 02/10/16 | ☐ 1 Semester Hour Ashland University\$235 | *\$260 | | | |
| | 1 2/09/15 | 3 03/16/16 | ☐ 2 Semester Hours Ashland University\$410 | *\$460 | | | |
| | 1 01/13/16 | | ☐ 1 Semester Hour University of Akron\$235 | *\$260 | | | |
| | | | ☐ 2 Semester Hours University of Akron\$410 | *\$460 | | | |
| PLEASE ANSWER THESE QUESTIONS ONLY IF YOU ARE REQUESTING SEMESTER HOURS FOR ONLINE COURSES. Other names under which you have registered at Ashland University or The University of Akron: | | | | | | | |
| Gender: 🗖 male 🗖 female Ethnic Origin: 🗖 Black or African American 🗖 American Indian or Alaska Native 🗖 Asian 🗖 Hispanic or Latino 🗖 White | | | | | | | |
| I have at least a bachelor's degree: ☐ yes ☐ no College/University: Date Awarded: | | | | | | | |
| I have a valid teaching certificate/license: ☐ yes ☐ no Dat | e Ohio Resider | nce Established | d: Month Day | Year | | | |

Please complete this registration form and return, along with the registration fees and online semester hour fees (if applicable). Send all registrations to: ESC of Medina County, Attn: Janelle Sailer, 124 West Washington Street, Medina, Ohio 44256.

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