

*Registration Form 2016 - 2017
Professional Learning Opportunities*

Name: _____

School District: _____

Grade Level(s): _____

Workshop Code:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Email Address: _____

(Please provide an email address that is checked regularly year-round as this is how you will be contacted with workshop information or in the event of a cancellation.)

Phone Number: _____

Superintendent Signature: _____

Please Note: There are multiple registration formats in this catalog. Please pay close attention to the registration requirements for each session you choose to attend. Lunch is on your own unless otherwise noted with a session description.

For any listing offered through GVEP, please fax registration form to:

Mary Ellen Petersen, 80 Munson Street, Le Roy, NY 14482

Fax#: (585) 344-7924.