

REGISTRATION FORM

PLEASE CHECK THE LOCATION
& DATE THAT YOU WILL ATTEND:

JUDITH MACK (K-12): MARCH 14, 2012:
CROWNE PLAZA HOTEL, EDISON

CONSTANCE FOLAND & SOPHIE TRECKER (K-2): MARCH 15, 2012:
CROWNE PLAZA HOTEL, EDISON

BERIT GORDON & REBECCA BASCIO (5-8): MARCH 22, 2012:
CROWNE PLAZA HOTEL, EDISON

SHELLEY KLEIN & SAMANTHA PASSO (3-6): MARCH 23, 2012:
CROWNE PLAZA HOTEL, EDISON

SARAH BUXTON & ALLYSON NUSSER (3-8): MARCH 28, 2012:
CROWNE PLAZA HOTEL, EDISON

■ **FEE** - \$125 per person. Register 4 weeks in advance and pay only \$100 per person. No confirmation will be sent. Your cancelled check or credit card statement will be your receipt.

■ **CANCELLATIONS** one week prior to the workshop date, will be refunded less a \$15.00 cancellation fee. Later cancellations will receive credit towards an upcoming workshop. Substitutions are allowed at any time.

If workshop is cancelled due to inclement weather, the event will be rescheduled. Refunds will not be granted, but we will issue credit towards a future workshop.

■ **PAYMENT** is due prior to the workshop. Fee includes seminar registration, a personalized certificate of attendance, refreshments, and a resource handbook. On-site registration is available, if space allows. Please call ahead to check on space availability.

■ **PROGRAM SCHEDULE**
8:00-8:30 Registration, Coffee and tea
8:30-3:00 Workshop (lunch on your own)

■ **CREDITS** - One semester unit of graduate elective credit is available for this course through Chapman University. The credit will require a follow-up assignment. Details and enrollment forms



BRANDMAN
University

CHAPMAN UNIVERSITY SYSTEM

will be available at the workshop. Additionally, receive 5 Professional Development Hours for each workshop (provider #4289).

www.brandman.edu/exed/PDF/seminars/SDW.pdf

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL _____

SCHOOL _____

POSITION _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

METHOD OF PAYMENT

Please check off one of the following

CHECK ENCLOSED PURCHASE ORDER P.O. # _____
Payable to Staff Development Workshops, Inc.

CHARGE MY MC VISA EXP. DATE _____

ACCT # _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

4 WAYS TO REGISTER:

1. Mail registration form to:
Staff Development Workshops
1427 14th St. • Lakewood, NJ 08701

2. Fax:
732-370-4978

3. Online:
www.sdworkshops.org

4. Phone:
732-367-8030
866-367-8030

MEETING SITES & ACCOMMODATIONS:

Please make your own hotel reservations directly with the hotel.
For directions please call hotel or visit hotel website.

EDISON:

Crowne Plaza Hotel
2055 Lincoln Highway, Edison, NJ 08817 • 732-287-3500

Further Questions:

Call SDW at 732-367-8030 or email: info@sdworkshops.org