



FLORIDA CONSORTIUM of PUBLIC CHARTER SCHOOLS

BOARD GOVERNANCE TRAINING REGISTRATION FORM

Please print out this form, complete all information below (please write legibly) and fax or mail this form to:

Training and Professional Development Program
Florida Consortium of Public Charter Schools
1126 S. Federal Highway, Suite 170
Fort Lauderdale, FL 33316

FAX: 904-940-5749

When we receive your registration form, we will call you to arrange for payment and scheduling of the training.

Please select your preferred version of training:

Four-hour Initial Training
In-person, on-site version

Four-hour Initial Training
Online, electronic version

Two-hour Refresher Course
In-person, on-site version

Two-hour Refresher Course
Online, electronic version

CONTACT NAME: _____

TITLE: _____

SCHOOL NAME: _____

ADDRESS: _____

CITY _____

STATE _____

ZIP: _____

BEST WAY TO CONTACT YOU – PHONE: _____

EMAIL: _____

Please **print** the first and last names of ALL board members who will participate in the training:

FIRST NAME	LAST NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____