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: 904-212-0300

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