



TRAINING AND PROFESSIONAL DEVELOPMENT REGISTRATION FORM

To schedule a workshop, please print out this form, complete below and mail or fax to this address:

**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

CONTACT NAME: _____ TITLE: _____

SCHOOL NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP: _____

BEST WAY TO CONTACT YOU – PHONE: _____ EMAIL: _____

In the form below, please enter the information for your selection of workshops from the “Workshop Topics” list. If you are holding a full-day training, you may select up to two workshops for that day. When we receive your order form, we will contact you to discuss cost and scheduling.

WORKSHOP #	WORKSHOP TITLE	# ADMINISTRATORS	# TEACHERS	# BOARD MEMBERS

Preferred duration of training session: Full day Half-day

Indicate at least three possible dates for the training, in order of priority:

1. _____
2. _____
3. _____

**HOST A WORKSHOP WITH OTHER
CHARTER SCHOOLS IN YOUR AREA TO REDUCE COSTS!**