



## 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: 904-212-0300**

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!**