

BEST PRACTICES SHOWCASE REGISTRATION FORM

Name _____

Please include e-mail address to which confirmation letter will be sent.
Confirmation of processed registration will be e-mailed before the Showcase event.

Work Contact Info:

E-mail Address: _____

School: _____

Work Address: _____

City State/Province Zip/Postal Code: _____

Phone Number: _____

Home Contact Info:

E-mail Address: _____

Home Address: _____

City State/Province Zip/Postal Code Country: _____

Phone Number: _____

Please choose workshops for each session. Session requests will be on a first-come, first serve basis. Please be advised sessions will fill quickly.

SESSION 1

1st Choice _____

2nd Choice _____

SESSION 2

1st Choice _____

2nd Choice _____

SESSION 3

1st Choice _____

2nd Choice _____

SESSION 4

1st Choice _____

2nd Choice _____

METHOD OF PAYMENT

Full payment must accompany this form. Please verify the accuracy of the total amount due. No credit cards are accepted. Checks payable to **UNIVERSITY OF SAINT FRANCIS**

\$10 Pre-registration – Lunch included

\$15 At the door – No lunch included.

ALL COLLEGE STUDENTS

\$5.00 Pre-registration – Lunch included

\$10.00 At the door – No lunch included.

Pre-registration deadline Thursday, January 29th at 5:00 pm.

Please mail check and registration form to:

**Mrs. Nancy Hanke
Department of Education
University of Saint Francis
2701 Spring Street
Fort Wayne, IN 46808**