

Central/Southeast ABLÉ Resource Center PROFESSIONAL DEVELOPMENT REGISTRATION

Please Note: Completion and submission of a Registration Form does not guarantee enrollment in a workshop. All efforts will be made to accommodate requests; however, due to space and budgetary constraints, registration for some workshops is limited. A confirmation will be sent prior to each workshop indicating your enrollment. Once a confirmation is sent, you are responsible for canceling your reservation 72 hours prior to the event, or be charged for the cost of meals and materials.

Name _____

ABLE Program _____

Position _____

Mailing Address _____

If mailing address is place of employment, please indicate agency name as part of address.

City _____ State _____ Zip _____

Telephone (day) _(_____) _____ (Evening) _(_____) _____

Fax _(_____) _____ E-Mail Address _____

Workshop Name _____ Workshop Date _____

If I am selected to participate in a workshop, I am willing to (1) put into practice the information and skills provided by the workshop; (2) share the information with others in my program; and (3) participate in follow-up activities if required.

I assure the above information is correct to the best of my knowledge, I understand reimbursement is contingent upon meeting the criteria established by the Ohio Department of Education for reimbursement & upon the availability of funds.

Signature Date

In addition to your signature, please have your administrator sign the Registration Form. His/Her signature indicates (1) support for your attendance at this workshop; (2) a willingness to permit you to share this information with other staff members; and (3) a willingness to allow you to put into practice information from this workshop relevant to your program

Signature Date

Special Accommodations/Dietary Needs:

Please indicate any special accommodations and/or dietary concerns you may have.

Mail or Fax Completed Registration Forms (No phone registrations accepted):

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email: ou_able@hotmail.com web: www.able-ohiou.org