



## Workshop Registration Form

**Cost of workshops: \$20.00 per session**

Name: \_\_\_\_\_

School District Name & Number: \_\_\_\_\_

Cell and Home Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position/Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Session Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_ Fee: \_\_\_\_\_

Use One Form For One Workshop – Register 7 days Prior to Workshop

**Please mail completed form and payment to:**

**Shawnee Community College**

**c/o Sharon Walker**

**8364 Shawnee College Road**

**Ullin IL 62992**

**FAX: 618-634-3348 - Attention: Sharon Walker**

**[shawneecc.edu](http://shawneecc.edu)**

Select "*Community Members*"

Then select "*Teacher Workshops*"