



Date: _____

Location: _____

Workshop Participant Information

YOUR NAME:

Last First MI

SCHOOL ADDRESS: :

City State Zip

PHONE:

Home

School Phone

Cell

SUMMER EMAIL ADDRESS:

SCHOOL EMAIL ADDRESS:

I WOULD LIKE TO BE A LESSON WRITER:

YES NO MAYBE

COMMENTS:

SCHOOL/AGENCY:

School Name

CTE Content Area:

BM&CE

FCS

HST

T&EE

I TEACH THESE SUBJECTS:

Workshop/Presentation Provided by:

Illinois Office of Educational Services/SIUC
2450 Foundation Drive, Suite 100
Springfield, Illinois 62703
217-786-3010

CR Funding provided by:



Illinois State Board of Education

100 North First Street, Springfield, IL 62777-0001
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