

LHRIC Administrative Registration Form

Professional Development

Please fax this form to: (914) 592-4727

Administrator Support Staff Classroom Teacher

District: _____

Date: _____

Contact Person: _____

Phone: _____

Fax: _____

E-mail: _____

* Please register one (1) individual per form. (Please feel free to make duplicate copies)

Name: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

* Our receipt of this form confirms class registration. There will be no follow-up confirmation call. However you will be notified if the class is full or canceled.

* Your district will automatically be billed a cancellation fee of \$100 if a cancellation notice is not received via fax (914) 592-4727 at least three WORKING days prior to the class date.

*Authorized by: _____ Date: _____

Signature: _____

* Administrator, Technology Coordinator or District Contact