



Office use only	
Rec'd _____	AU _____
ASCD _____	MB _____

Professional Development
Online Workshop Registration Form
9/1/2024 – 8/31/2025

(Please Print)

FULL NAME:		Date:	
Street address:		Preferred Phone:	
P.O. box:	City:	State:	ZIP Code:
I have a least a bachelor's degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have a valid teaching certificate/license		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:			

All class information is sent via Email – please print legibly

For the University to respond to required state and federal questionnaires, you are asked to assist us, on a voluntary basis, by selecting the most appropriate description of your race and ethnicity.

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Pacific Islander White/Caucasian

2023 – 2024 Registration

Class No. _____	Class Title _____
<input type="checkbox"/> \$155.00 20 Contact Hours <input type="checkbox"/> \$340.00 includes 1-hour graduate credit through Ashland University	
REGISTRATION AND PAYMENT ARE NON-REFUNDABLE <i>Course must be completed within 6 months of purchase date to receive a Certificate of Completion</i>	
PAYMENT DUE UPON REGISTRATION	Method of Payment: <input type="checkbox"/> Check # _____ (Payable to ESC of Northeast Ohio)
	<input type="checkbox"/> Purchase Order ISSUER and # _____
Student Signature _____	

Please return completed registration form and payment to:

ESC of Northeast Ohio
6393 Oak Tree Blvd.
Independence, OH 44131
ATTN: Roni

For questions, please contact Roni Staimpel at roni.staimpel@escneo.org