National Conference on Co-Teaching

October 24 – 26, 2018

	(MI)	(Last)		
Name (First)		(20.00)		
Address				
City		State	Zip Code	
Phone Number	Birth Date (M	M/DD/YY	(Y)	
Email				
Name of School				
What is your job title?				
Any dietary restrictions and/or food allergies?				
What is your conference strand? Co-tead	ching in Student Teachi	ing	Co-teaching between 2 teacl	hers
The information on this form is private data, use	ed to identify and locate	e you. Nai	me, address, birth date (for Cl	EU
and transcript purposes only) and payment meti	hod are mandatory.			
Please register me for the following:		Registi	ation deadline: October 12,	2018
\$350.00 Early Bird registration,	postmarked/received l	by Septerr	ber 1, 2018	
\$395.00 registration, postmarke	ed/received after Septe	ember 1, 2	018	
\$150.00 Registration for Thursd	lay Only			
\$175.00 University Student Rate	e			
I hereby confirm th	at I am a full-time unde	ergraduat	e or graduate student (not wo	orking full
time in the education fie	eld) School Attending:			

Payment Information:

Check of Money Order in the amount of: \$

Please bill my employer, reference Purchase Order Number:

Registrations are due by October 12, 2018. Register one of three ways: mail, email, or online with credit card.

To register by mail, please print and mail to the address below. To register by email, please print, scan and email to the address below. Register online to pay with credit card. **Payable to St. Cloud State University**

Mail: St. Cloud State University Attn: Roxann Neu, BH 211 720 Fourth Avenue South St. Cloud, MN 56301-4498 Email: <u>register@scsutraining.com</u> Phone: 320.308.4962 320.308.4723