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**COLLABORATION:
IT'S A PROFESSIONAL PARTNERSHIP
PD ACADEMY**

| Date/Time | Location | Address |
|--|--|---|
| Tuesday, June 22 8:30am-11:30am * <u>Eastern</u> time (max. of 30 participants) | Lexington NorthEast Christian Room #131/132 | 990 Star Shoot Parkway Lexington, KY |

**RIGOR: STEP IT UP!
PD ACADEMY**

| Date/Time | Location | Address |
|--|---|--|
| Tuesday, July 13 8:30am-11:30am * <u>Central</u> time (max. of 30 participants) | Bowling Green Hillvue Heights Church Room #300/301 | 3219 Nashville Rd. Bowling Green, KY |
| Tuesday, July 20 8:30am-11:30am * <u>Eastern</u> time (max. of 30 participants) | Lexington NorthEast Christian Room #131/132 | 990 Star Shoot Pkwy Lexington, KY 40509 |

Please print and return this page by FAX: 859/238-0806.

RIGOR: STEP IT UP!

COLLABORATION: IT'S A PROFESSIONAL PARTNERSHIP

PD ACADEMIES REGISTRATION FORM

| | | | |
|---|--|---|--|
| Name of participant(s): | | | |
| District: | | | |
| School: | | | |
| Contact phone number: | Contact email: | | |
| Cell phone number(s) or best way(s) to reach each participant: | | | |
| <p>Please check location/date:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Collaboration: It's A Professional Partnership</p> <p><input type="checkbox"/> Lexington/June 22</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Rigor: Step It Up!</p> <p><input type="checkbox"/> Bowling Green/July 13</p> <p><input type="checkbox"/> Lexington/July 20</p> </td> </tr> </table> | | <p>Collaboration: It's A Professional Partnership</p> <p><input type="checkbox"/> Lexington/June 22</p> | <p>Rigor: Step It Up!</p> <p><input type="checkbox"/> Bowling Green/July 13</p> <p><input type="checkbox"/> Lexington/July 20</p> |
| <p>Collaboration: It's A Professional Partnership</p> <p><input type="checkbox"/> Lexington/June 22</p> | <p>Rigor: Step It Up!</p> <p><input type="checkbox"/> Bowling Green/July 13</p> <p><input type="checkbox"/> Lexington/July 20</p> | | |
| <p>Please write the number of participants on one of the lines below:</p> <p># ____ @ Member Rate \$75</p> <p># ____ @ Nonmember Rate \$100</p> <p># ____ @ District Rate \$_____ You are welcome to attend these sessions at the member rate if all your schools are members or the nonmember rate if they are not. Please call and we can check for you. We can also let you know of district licensing options for materials. Call Nan at 859/238-2188, or email us at training@kasc.net.</p> | | | |
| <p>TOTAL charge \$ _____</p> | <p>Purchase Order # _____</p> | | |
| <p>Please check payment method:</p> <p><input type="checkbox"/> Check</p> <p><input type="checkbox"/> School Purchase Order</p> <p><input type="checkbox"/> Board Purchase Order</p> | | | |
| <p><i>\$10 per person handling fee for cancellations</i></p> | | | |