

Quantum Learning for Teachers Level 3 Registration Form

Teacher's Name: _____

Grade: _____ Content Area: _____

Please indicate the date that you are registering for:

Monday , October 12 _____

Thursday, October 15 _____

Please return this form to Lisa Robinson, CO Personnel. Please note that each workshop is limited to 44 and will be filled in the order that this form is received. Once a workshop is full, remaining workshop participants will be placed where space is available. These participants will be notified of the change in their registration by email.

Workshop participants are responsible for completing a Blue form and sending it to the Central Office. For the substitute account number, please write the word "stimulus". No special account number is needed.