

TECHNOLOGY INSERVICE PROGRAM REGISTRATION FORM 2009-2010

School: _____ Principal: _____
 Address: _____ Phone: _____
 City State Zip: _____ Fax: _____
 E-mail: _____

**Please complete both sides of this registration form and FAX or mail it to Basic Computer Learning.
If you are not participating this year, please return the form indicating that preference.**

ENROLLMENT OPTION PREFERENCE: (Check one) Refer to Page 6 for detailed information.

- _____ **Option I** One half day of Inservice for the staff (3 Hours - 1 Visit),
TIP Meetings, Brown Bag Sharing Sessions, Materials Included \$1,000.00
- _____ **Option II** One full day of Inservice for the staff (6 Hours),
TIP Meetings, Brown Bag Sharing Sessions, Materials Included \$1,200.00
- _____ **Option III** Two full days of Inservice for the staff (12 Hours),
TIP Meetings, Brown Bag Sharing Sessions, Materials Included \$1,400.00
- _____ **Option IV** One full day for the Tech-Support Staff (6 Hours),
TIP Meetings, Brown Bag Sharing Sessions, Materials Included \$1,000.00
- _____ **Option V** Attendance at Quarterly TIP Meetings,
Brown Bag Sharing Sessions, Materials Included..... \$850.00
- _____ **Our school is not interested at this time.**

Additional inservice days are available upon request. Please call BCL for pricing.

PAYMENT PREFERENCE: Check all that apply and indicate the amount from each.

_____ Title V Funds	Amount _____
_____ Title II-D Funds	Amount _____
_____ School Funds	Amount _____
_____ Other:	Amount _____

Participants receive Professional Development Hours for each school inservice attended. Those attending all TIP Updates and all Brown Bag Sharing Sessions may receive an additional 12 to 16 Professional Development Hours. Each participant will receive an agenda and a certificate.

SCHEDULING PREFERENCE: Dates will be assigned on a first registered-first processed basis.

- Indicate the format for the day. (Refer to Page 6.)
- Inservice times of one hour or more per group are required.
- Include 1 or more suggested dates.
- Indicate the Inservice Topic you would like. (Refer to Page 7.)

(If you are undecided about which dates or inservice topic to select, please return the form so planning may be facilitated. Your inservice topic and dates may be chosen at a later time.)

OPTION I & II & IV: Complete based on the option chosen.

_____ One half day Topic: _____
_____ One full day Topic: _____
_____ Two half days Topics: _____

Preferred dates and times for the above:

Date: _____ Time: _____ to _____ # Attending: _____ Grades: _____
Date: _____ Time: _____ to _____ #Attending: _____ Grades: _____

_____ Please register us, we are undecided as to the date and/or topic.

OPTION III: Complete according to your preference.

_____ Four half days Topics: _____
_____ Two full days Topics: _____
_____ Other: _____
Topics: _____

Preferred dates and times for the above:

Date: _____ Time: _____ to _____ # Attending: _____ Grades: _____
Date: _____ Time: _____ to _____ #Attending: _____ Grades: _____
Date: _____ Time: _____ to _____ #Attending: _____ Grades: _____

_____ Please register us, we are undecided as to the date and/or topic.

Please sign below and FAX or mail registration for TIP 2009-2010. FAX to 440.892.8811.

Principal's Signature: _____
School: _____
Date: _____

Additional registration forms may be printed from our website.
For further information, please call Basic Computer Learning at 440.892.8820 x 110.