

Worcester County Public Schools

2018 SUMMER PROFESSIONAL LEARNING

REGISTRATION FORM

NAME: _____

SCHOOL: _____

EMAIL: _____

GRADE AND/OR SUBJECT AREA: _____

WORKSHOP # _____ WORKSHOP DATE: _____

TITLE: _____

WORKSHOP COORDINATOR: _____

RETURN REGISTRATION TO COORDINATOR/PRINCIPAL BY JUNE 7, 2018

Worcester County Public Schools

2018 SUMMER PROFESSIONAL LEARNING

REGISTRATION FORM

NAME: _____

SCHOOL: _____

EMAIL: _____

GRADE AND/OR SUBJECT AREA: _____

WORKSHOP # _____ WORKSHOP DATE: _____

TITLE: _____

WORKSHOP COORDINATOR: _____

RETURN REGISTRATION TO COORDINATOR/PRINCIPAL BY JUNE 7, 2018