## Education Service Center, Region 2 Workshop Registration

Location		Presenter
	-	

VAT - I - I H	William Title		D-1-7-1		
PARTICIPANT'S NAME - PLEASE PRINT -	Email Address - PLEASE PRINT -	District	Campus	Initials AM PM	
Example: Ed U. Cation	my_email@myschool.com	CCISD	Haas	EUC	EUC
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Note: Incorrect or incomplete information for Email may delay or prevent ESC Region 2 from issuing a certificate of completion.

Please Note: Participants in workshops and other events sponsored by the Region 2 Education Service Center may be photographed or videotaped, and these photographs may be published in the ESC-2 newsletter, Region 2 in View. Please inform the workshop facilitator if you do not wish to have your picture taken or published in the newsletter.

To receive full credit for an all day workshop, you must sign in AM and PM

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