

Orientation to Wisconsin's Birth to 3 Program
Holiday Inn
Thursday, September 24th 2009
Fond du Lac, WI

REGISTRATION FORM

*Please return this form by September 14th (accompanying payments may be received after this date).
You will receive registration confirmation along with directions to the site and other pertinent information.
Please watch for this information from Lynn Sankey - WPDP.*

Name _____ Organization _____

(Check here if providing ____ work or ____ home address)

Address _____

City, State, Zip _____

County _____

Telephone _____ *E-mail _____

*(E-mail address is necessary for sending confirmation
of your registration.)*

Fax # _____

Your Position/Title _____ Your Discipline _____

Total Fees Enclosed: \$ _____ Purchase Orders Accepted. P.O. # _____

(\$30/person. \$25/person for teams of 2 or more. Parents, no cost. Make checks payable to Waisman Center – WPDP.)

Please check here to indicate that your payment will follow. ____

Please List Any Special Accommodations: _____

Continuing Education Information: You will receive a certificate to document your continuing education. The workshop meets these Wisconsin Department of Public Instruction Teacher Standards 1,2,3,6,7,8,9, 10.

Registration Timing: Please return this form by email, standard mail, or fax by September 14th. Accompanying registration fees may be received after this date.

Send registration information by September 14th to:

Waisman Center – WPDP
Attn: Lynn Sankey, Room A109
1500 Highland Ave.
Madison, WI 53705
Fax: 608-265-3441; E-mail: sankey@waisman.wisc.edu

