LEAF Workshop Registration Form

Ashland April 2 - May 11, 2012



First Name		Last Na	me							
School District		School	School Name							
School Address										
City			State		Zip Code					
							Please n			
School Phone		School email						email as our primary contact tool. Be sure the		
Home Phone		Home email					is accura	ite and	-	
							check re	gularly.		
Grade Level(s)	Subjec	t Area(s)					any stude ch in a yea			
								_		
	Which unit of th									
\bigcirc K-1 \bigcirc 2-3 \bigcirc 4 \bigcirc 5-6 \bigcirc 7-8 \bigcirc 9-12 If you are uncertain which unit you prefer, please see the unit overviews on our website at										
	www.u\	vsp.edu/cnr/leat	f/Educato	ors/lg_c	orginal.aspx					
(You	Do you plan to ta will be contacted via er		-							
		Yes	C	N	0					

Please print and return this form by mail to LEAF/WCEE 800 Reserve St., Stevens Point, WI 54481 OR scan the printed form and email to leaf@uwsp.edu OR fax to 715-346-3025 **by March 29th.** Receipt of your form will be confirmed by email and you will receive information regarding the \$35 materials fee payment and any credit payment required.