

**Professional Development Training, October 22, 2016**

**Offices of the OSPI, 600 Washington St. SE, Olympia, WA 98501**



## **TRAINING REGISTRATION FORM**

|  |   |
|--|---|
| NAME (Last, First)                     | Official School District Name           |
| Grade Level                            | Official School Name                    |
| Classroom/School Phone #<br>(      )   | Cell Phone #<br>(      )                |
| Course:                                | EMAIL                                   |
| School Mailing <b>Street</b> Address:  | Congressional District of School        |
| School Address <b>City, State, Zip</b> | Anticipated # of students participating |

Teacher Agreement: By accepting the Project Citizen textbooks, I am willing and able to teach the program in my classroom.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send completed form to:**

**[kathyhand@comcast.net](mailto:kathyhand@comcast.net) or FAX to 206-244-4247**

**Questions? Please call 206-248-3463**