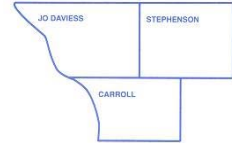




Regional Office of Education
 Carroll, Jo Daviess & Stephenson Counties
Enrollment Form



NAME (Please Print): _____

School District Name: _____

Home Address: Fill in all blanks	Contact information: Fill in all blanks
Street:	Email:
City:	Home Phone:
State:	Cell Phone:
Zip Code:	Work Phone:

Please enroll me in the following session: (*one form per workshop*)

Course Title: _____

Course Dates: _____

Course Location: _____

Registration fee and any additional fees please fill in below:

*Grad Credit can be paid at time of registration (or) on the first day of class.

**Grad credit is optional and not required to take the class.

Registration Fee:	
Book Fee:	
Materials Fee:	
Grad Credit:	
TOTAL:	

- **Registration deadline:** One week prior to the start of each course *unless noted otherwise* in the course description.
- **Reserving a seat for the class:** All fees (except Grad Credit) must accompany registration form and be made payable to the Regional Office of Education in order for your seat to be considered saved.

Please return form(s) and fee(s) to:

Regional Office of Education
 Attn: Deanna Dittmar
 500 N. Rush Street
 Stockton, IL 61085
 (815) 947-3810

NEED A RECEIPT?

- Yes
 No