

Connecting Classrooms, Careers and Postsecondary

Automated Materials Joining Technology Summer Teacher Training Institute (STTI) 2018 Registration Form

REGISTRANT INFORMATION

Registrant Name _____

Are you a (Select one.)

- New AC teacher
- Returning AC teacher
- Support for the AC Teacher (instructional coach, academic partner teacher, guidance counselor, administrator)

School Email _____ Summer Email _____

Cell Phone _____

We respect your privacy. Your personal contact information will only be used to share important information regarding training.

SCHOOL INFORMATION (Fill in as applicable.)

School _____

District _____ State _____

Principal _____ Email _____

CTE Director _____ Email _____

Superintendent _____ Email _____

TRAINING SCHEDULE (Select all that apply.)

- Course 1
- Course 2

June 11 – 15 and June 18 – 22, 2018 — Marshall University, West Virginia

DISTRICT/SCHOOL PAYMENT CONTACT INFORMATION

Name _____

Email _____ Phone _____

Upon submitting this registration form, your district/school will receive confirmation with an invoice.