

Connecting Classrooms, Careers and Postsecondary

Health Informatics

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

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- Course 1

June 18-29, 2018 (weekend excluded) – C-Tech, Newark, Ohio

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- Course 2

July 3, 10, and 13, 2018 – 2-4 pm EDT – Online sessions

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- Course 3

July 18, 24, and 31, 2018 – 3-5 pm EDT – Online sessions

Note: Individuals attending online sessions will be required to complete assignments prior to each online session. You will be notified by email.

DISTRICT/SCHOOL PAYMENT CONTACT INFORMATION

Name _____

Email _____ Phone _____

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