

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

- Courses 1 and 2

June 18 – 22 and June 25 – 29, 2018 – C-Tech, Newark, Ohio

- Courses 3 and 4

Dates to be determined – Online

DISTRICT/SCHOOL PAYMENT CONTACT INFORMATION

Name _____

Email _____ Phone _____

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