



**INDIVIDUAL APPLICANT APPLICATION FORM  
2010-2011 PROFESSIONAL DEVELOPMENT ACTIVITIES**

**Have you been a participant in SERC professional development activities?**       Yes     No

**NAME** \_\_\_\_\_ **SERC MEMBER #** \_\_\_\_\_ (IF KNOWN)

Home Phone \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FOR EDUCATORS:** School / Program / Agency \_\_\_\_\_ Work Phone \_\_\_\_\_

School District / Town \_\_\_\_\_ Position / Role \_\_\_\_\_

Grade Level \_\_\_\_\_ or Early Childhood Age Range \_\_\_ Birth-3 \_\_\_ 3-5

If you are interested in earning CEUs, please provide the last four digits of your SSN or full SDE EIN: \_\_\_\_\_

**Release time authorization: Administrator's signature** \_\_\_\_\_

(IF REQUIRED)

ONLINE	WORKSHOP ACTIVITY CODE									DATE	TITLE	FEE
Y/N	#	#	#	#	#	#	#	#	#			

Enclosed Check # \_\_\_\_\_  Purchase Order # \_\_\_\_\_ TOTAL AMOUNT DUE: \$ \_\_\_\_\_

**Applicants who choose to register online should indicate YES next to the activity code and use this form to submit payment or purchase order information. Please provide your online USERNAME:** \_\_\_\_\_

**Please list any disability-related accommodation needed:** \_\_\_\_\_

**INSTRUCTIONS:** Please return the completed Application Form to **SERC REGISTRATION**, 25 Industrial Park Road, Middletown, CT 06457-1516. Participants will be selected on a first-come, first-served basis up to full workshop capacity and/or the registration closing date. Participants will receive written confirmation of enrollment from SERC. If registering within 30 days of the date of the activity, applicants must submit payment with the Application Form. Make checks payable to *Rensselaer at Hartford*.