



TEAM APPLICATION FORM
2010-2011 PROFESSIONAL DEVELOPMENT ACTIVITIES

School District/Town _____ Phone _____

Team Liaison/Contact Person _____ E-mail _____

Do you plan to attend? Yes No If yes, please complete a Team Member form below.

Release time authorization: Administrator's signature _____
 (IF REQUIRED)

TEAM MEMBER 1:

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

NAME _____ **SERC MEMBER #** _____ (IF KNOWN)

School / Program / Agency _____ Work Phone _____

Position / Role _____ Grade Level _____

Home Phone _____ Preferred E-mail _____

Home Address _____

City _____ State _____ Zip Code _____

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

Please list any disability-related accommodation needed: _____

TEAM MEMBER 2:

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

NAME _____ **SERC MEMBER #** _____ (IF KNOWN)

School / Program / Agency _____ Work Phone _____

Position / Role _____ Grade Level _____

Home Phone _____ Preferred E-mail _____

Home Address _____

City _____ State _____ Zip Code _____

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

Please list any disability-related accommodation needed: _____

WORKSHOP ACTIVITY CODE									TITLE	UNITS	FEE
#	#	#	#	#	#	#	#	#			

Enclosed Check # _____ Purchase Order # _____ TOTAL DUE: \$ _____

INSTRUCTIONS: Please return completed Team Application Form to **SERC REGISTRATION**, 25 Industrial Park Road, Middletown, CT 06457-1516. Teams meeting the advertised criteria will be selected on a first-come, first-served basis up to full workshop capacity and/or the registration closing date. The designated team liaison will be responsible for communication among team members. Team members will receive written confirmation of enrollment from SERC. Payment of registration fees should accompany the Application Form unless purchase order information is provided. Make checks payable to *Rensselaer at Hartford*.



WORKSHOP TEAM APPLICATION FORM
ADDITIONAL MEMBERS

School District / Town _____ Phone _____

Team Liaison/Contact Person _____ E-mail _____

Release time authorization: Administrator's signature _____
(IF REQUIRED)

TEAM MEMBER 3:

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

NAME _____ SERC MEMBER # _____ (IF KNOWN)

School / Program / Agency _____ Work Phone _____

Position / Role _____ Grade Level _____

Home Phone _____ Preferred E-mail _____

Home Address _____

City _____ State _____ Zip Code _____

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

Please list any disability-related accommodation needed: _____

TEAM MEMBER 4:

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

NAME _____ SERC MEMBER # _____ (IF KNOWN)

School / Program / Agency _____ Work Phone _____

Position / Role _____ Grade Level _____

Home Phone _____ Preferred E-mail _____

Home Address _____

City _____ State _____ Zip Code _____

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

Please list any disability-related accommodation needed: _____

TEAM MEMBER 5:

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

NAME _____ SERC MEMBER # _____ (IF KNOWN)

School / Program / Agency _____ Work Phone _____

Position / Role _____ Grade Level _____

Home Phone _____ Preferred E-mail _____

Home Address _____

City _____ State _____ Zip Code _____

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

Please list any disability-related accommodation needed: _____