

**School ADvance Training and Workshop Facilitation**

**Event Registration**

**Date of Event: Location of Event:**

**Attendee Information**

|  |  |
| --- | --- |
| First Name: | Address: |
| Last Name: | City, State, Zip: |
| District/Co: | Phone: |
| Position: | Email: |

**Please register me for**:

Basic Training 2 Day $325/participant

New Administrator Training 1 Day $225/participant

School ADvance Refresher 1 Day $3600/session up to 15 participants

Board Training Part 1 and Part 2 $350/participant

Board Evaluation Facilitation 1 Day $2500/session up to 5 participants

Grand Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Payment**

Check payment to: MASA 1001 Centennial Way, Suite 300, Lansing, MI 48917

Credit Card Payment:

Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIC (back of card):-------------------------

Signature of Cardholder Date

To complete your registration: Print and fax the completed from to (517) 327-0779, or save and email t[o gomasa@gomasa.org](mailto:gomasa@gomasa.org).

No refunds two weeks prior to the event. A $25 late fee will be assessed if not paid in full by date of event and also for cancellations.