



PROFESSIONAL DEVELOPMENT REGISTRATION

KAMICO® Instructional Media, Inc.

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 **Requested Training Date** _____

 **Training Location**

School District _____

School _____

Street Address _____

City, State, Zip _____

School Telephone _____

School Fax _____

School E-Mail _____

 **Contact Information**

Name of Contact _____

Position _____

Telephone _____

Fax _____

E-Mail _____

 **Send Invoice to:**

District/School _____

Name _____

Address _____

City, State, Zip _____

Telephone _____

Fax _____

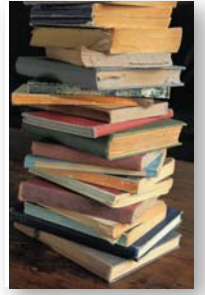
 **Pay by Credit Card:**

Card Number _____ Expiration Date _____

Name on Card _____



Training Details



(Presenter[s] must have access to training site at least one hour before presentation start time.)

Preferred Hours

8:00-11:00, 12:00-3:00 8:30-11:30, 12:30-3:30

Other _____

Is there an overhead projector available for use by the trainer? _____

Is there a projection device for use with a computer available for use by the trainer? _____

Is there space available for dividing workshop attendees into small groups? _____

Focus of Presentation _____

Audience Size – Approximate Number of Educators _____

Grade Level(s) (Please specify approximate number of educators at each grade level.)

Subject Area(s) _____

Preference for How Time Is to Be Structured (e.g., 1/2 day K-5 math, 1/2 day K-5 reading/writing; 1/2 day grade 3, 1/2 day grade 4; etc.)



Travel Data

Nearest Airport _____

Suggested Hotel _____

Hotel Address _____

How far is the hotel from the presentation site?



Please provide KAMICO® with a map from the hotel to the presentation site.