 

**IDEAS**

*Professional Development Programs*

# Registration Form for IDEAS Courses and Seminars

Phone (781) 541-5098 / Fax (781) 541-5534

***d***[***mullaley@***](mailto:jbagni@edcollab.org)***massupt.org***

Course/Seminar Title:

Date(s):

Participant Name:

District/School:

Grade Level:

Home Address:

Phone:

Primary Email:

Secondary Email:

**Your registration will not be complete until the payment information is completed. Participants who are paying out-of-pocket must send a check once the event is confirmed and before the workshop begins.**

**We are unable to accept credit card payments at this time.**

*Checks/POs are payable to:* ***M.A.S.S.****, 209 Burlington Road, Suite 113 Bedford, MA 01730*

My school district will cover the cost via (choose one):

☐

P.O. #

Prepaid Course Slots

**I am responsible for payment and will send a check once the event is confirmed**.