

NCSTA
Districts 3 & 5 "Drive-in" Workshop
April 19, 2008

-REGISTRATION-

Name: _____ School: _____

Home Address: _____ Phone: (____) _____ - _____

_____ Email: _____

_____ School phone: (____) _____

School District: _____ NCSTA District Number: _____

If you will be joining us for lunch, please indicate \$8.00-----> _____

Are you currently an NCSTA member? _____ If so, this workshop is "free" for you. Just pay for the costs of the lunch or bring your own.

If you are not an NCSTA member, please indicate \$25.00 -----> _____
(Your \$25.00 workshop fee will include a one-year free NCSTA membership.)

(Please pay with a check or cash only.) TOTAL PAID = _____

Please check the grade level span that best matches what you teach.

_____ Elementary _____ Middle School _____ High School

-RECEIPT-

NCSTA District 3 and 5 Drive-in Workshop DATE: _____

Name: _____ Amount Paid: \$ _____ . _____

Location: _____ Verified by: _____

NCSTA
Districts 3 & 5 “Drive-in” Workshop

Location: Webster Center; Cary, NC Date: April 19, 2008

The following teacher completed all activities related to this workshop.

NAME: _____ School: _____
(Please print clearly.)

School District: _____ NCSTA District Number: _____

This participant completed one of the following workshop strands on this date.

Elementary School Science Strand- Was this strand completed? _____

Description:

Middle School Science Strand- Was this strand completed? _____

Description:

High School Science Strand- Was this strand completed? _____

Description:

TOTAL NUMBER OF HOURS COMPLETED AT THIS WORKSHOP = _____

Participant Signature: _____ Date: _____

NCSTA District Director: _____ Date: _____

(This form is to be given to your staff development coordinator. Do not send to NCSTA.)