

# REGISTRATION

Please return to:  
**Erie-Catt Teacher Center**  
**8685 Erie Road**  
**Angola, NY 14006**  
**(716) 549-4454 x 4054**  
**Fax – 549-4210**

This form can be duplicated as necessary.

**Registrations will only be accepted when received at the Erie-Catt Teacher Center. If there is a date or location change, the Teacher Center will e-mail or phone you, please check for messages from Erie-Catt Teacher Center. Please fill in the gray sections of this form.**

**PLEASE DO NOT RELY ON YOUR DISTRICT TO REGISTER YOU.**

Name:	
E-Mail:	
Home Address:	

Town:		Zip Code:	
Home Phone:		Cell Phone:	
District:		Building:	
Position:		Grade/ Content Area:	
School Phone:		Ext:	

Please list your top 3 course selections. Note: This does not guarantee that you will be accepted.

1 <sup>st</sup> Course Name:		1 <sup>st</sup> Course #:	
2 <sup>nd</sup> Course Name:		2 <sup>nd</sup> Course #:	
3 <sup>rd</sup> Course Name:		3 <sup>rd</sup> Course #:	

Any Additional courses will be placed on a “waiting list” until the registration deadline. Additional registration requests will be filled by the date the Teacher Center receives your registration information.

Course Name:		Course #:	
Course Name:		Course #:	
Course Name:		Course #:	

We will send verification of registration status via email.

*Policy on inservice credit is handled by each individual district. If you are interested in credit for any courses, you should contact your administration prior to beginning the course. Please verify approval to attend this class with your administrator prior to registering. Thanks*

For office use only:

Date Rec'd. \_\_\_\_\_ In Database \_\_\_\_\_

Form can be sent through inter-school mail, fax or this electronic copy via e-mail.