

Oconee RESA
Professional Learning Program

Registration Form

Registration Fee: \$100.00 _____

Participant's Name: _____

Home Address: _____

Daytime Number (Include Area Code): _____

Date of Birth: _____

Email Address: _____

Employing System: _____

School Worksite: _____

Position (mark one): Teacher School Administrator
 Central Office/System Administrator Other

Course Name: **GSCEP - Georgia School Counselor Program**
Course Location: To Be Announced
Course Dates: October 08, 2009 - 8:30 AM - 5:00 PM

Mark the Payment Method:
 Personal Institutional Check
 Money Order *Purchase Order
*List Purchase Order Number _____

Professional Learning Approval for Participation

I hereby approve this person's participation in the above named Professional Learning Program.

System Superintendent or Professional Learning Coordinator (Signature) Date

If fee is listed above, payment must be received before registration is accepted.
Oconee RESA observes a no refund policy unless the course does not make.

Make checks payable to Oconee RESA Professional Learning.
Complete and return form with payment to:
Oconee RESA
Attention: Professional Learning
206 South Main Street
Tennille, GA 31089