

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: **GLEI - Georgia Leadership Evaluation Instrument**  
Course Location: To Be Announced  
Course Dates: October 12, 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