The Connecticut Association of Schools RESPECT ME!

REGISTRATION FORM or ON-LINE AT www.casciac.org

Contact Person:						
School/Organization						
Street, Town, Zip						
Telephone			Email:			
				_		
			Works	<u>shops</u>		
*** 1 0 1		<u>Ch</u>	oose On	e Session:		
High Sch					Middle School	
☐ September					October 20, 2005	
November					December 6, 2005	
☐ January 10					☐ February 2, 2006	
☐ May 3, 20					☐ April 25, 2006	
NAME		TITLE/	POSITIO	N		S.S. Number*
*0.5 CEU credits will be aw	varded to adult	participants	S.			
and/or student		but <u>each tea</u>	m must inclu	ıde at least as m		ents. Additional teachers, administrates as adults.
Confirmation		will be sent	by email to a	above contact pe	erson.	
Choose one of the following	closed (check p		AS)			
□PO #	enclose	a	Sand	tat		

Send to:

Connecticut Association of Schools Attention: *Respect Me!* 30 Realty Drive, Cheshire, CT 06410

fax: 203-250-1345