

The Connecticut Association of Schools

***RESPECT ME!* REGISTRATION FORM**

School _____ Address _____

Phone _____ Fax _____ Email _____

SESSIONS (Please circle choice)

High Schools:

Middle Level Schools:

Tuesday, September 30, 2003

Tuesday, October 28, 2003

Wednesday, November 5, 2003

Thursday, December 4, 2003

Tuesday, January 13, 2004

Tuesday, February 10, 2004

Tuesday, May 11, 2004

Tuesday, May 4, 2004

Names of Participants*

Title/Position:

S.S. #**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete form and mail with a check for \$20.00 per person (registration, refreshments, and lunch) to CAS, 30 Realty Drive, Cheshire, CT 06410. You may also fax the registration (1-203-250-1345) with a purchase order number.

P.O. Number (if registering by fax or email) _____

***School teams must include at least one administrator, one teacher and two students. Additional teachers, administrators, and/or students are welcome. Teams must include at least as many students as adults.**

****CEU credits (.5) will be awarded by the Connecticut Association of Schools for participation.**

