



Quincy University

School of Education
Master of Science in Education Graduate Workshops (217-228-5420)

Workshop Title Teaching and Collaborating with Technology: K-8 / 9-12	Workshop Number MSE 5 IT 240 / 231	Credit Hours 3
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This online workshop is self-paced with your work completed within a specified block of time.

Circle your chosen block

Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 10
Jan. 1 to Feb. 28	Feb. 1 to Mar. 31	Mar. 1 to April 15	May 1 to June 30	June 1 to July 15	July 1 to July 31	Aug. 1 to Sept. 30	Sept. 1 to Oct. 31	Oct. 1 to Nov. 15	Dec. 1 to Jan. 31

IMPORTANT: Workshop materials will be sent to you upon receipt of your registration.

1. NAME Last First Middle Maiden				2. SOCIAL SECURITY NUMBER	
3. TELEPHONE Area/Number					
4. CURRENT ADDRESS: Number/Street Apt Number City State Zip County					
5. EMAIL					
6. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		7. BIRTH DATE: M/D/Y		8. BIRTH PLACE: City- State -Country	
9. Degrees Received: College/University		Dates of Attendance		Degrees/Dates	
10. Grade level: (circle one) K-8 or 9-12					
11. Name of person referring this course to you (if applicable): a) Name:					
b) School Name and City, State:					

The school where you are currently teaching: _____

School Address: _____

PAYMENT METHOD (Payment is due **before** the registration is entered into the computer.)

Check is enclosed for \$ **375** (Please make checks payable to Quincy University.)

Credit card payment for \$ **375** American Express MasterCard Discover

Card Number _____ Expiration Date _____

Credit card security code _____

Name on Card _____ Signature* _____

*Signature indicates agreement to a non-refundable convenience fee of approximately 3% for my credit card transactions that will be charged to my account.

(1) Mail this form to: Quincy Course Registration, Attn: Frank Houston, 26 Fox Mill, Springfield, IL 62712 or (2) Fax the form to 630-884-3838 (3) Questions? 217-241-9070