

ATTN: Dave Bartlett

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**Registration Form**  
Curriculum Integration Workshop June 19-21, 2001  
\$125/participant

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Topic Project Ideas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am interested in taking this workshop for graduate university credit

**Technical Training checklist**

I need training on the Vision Athena equipment

I need training on teletechniques for instruction

Web Publishing Access and Resources

Computer Software Applications that support my project design

Name types of programs (ex: presentation software like Power Point):

\_\_\_\_\_

Dietary, special needs, or considerations not covered above:

\_\_\_\_\_

