



# Quincy University

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

Workshop Title <b>Teaching and Collaborating with Technology: K-8 / 9-12</b>	Workshop Number <b>MSE 5 IT 240 / 231</b>	Credit Hours <b>3</b>
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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.**

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

The school where you are currently teaching:

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School Address:

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<b>PAYMENT METHOD</b> (Payment is due <b>before</b> the registration is entered into the computer.)	
<input type="checkbox"/> Check is enclosed for \$ <b>375</b> (Please make checks payable to Quincy University.)	
<input type="checkbox"/> Credit card payment for \$ <b>375</b> <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> 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**