

1
2009 - 2010 Executive Leadership Study Group

REGISTRATION FORM

NAME _____

TITLE _____

SCHOOL DISTRICT _____

ADDRESS _____

_____ ZIP

OFFICE PHONE _____

E-MAIL ADDRESS _____

Check (/) one

_____ I wish to register for the 2009-10 Executive Leadership Study Group.

_____ I am unable to register for the Executive Leadership Study Group at this time.

Check (/) one

_____ Please bill the district.

_____ I have enclosed a check for \$225.00 for the five sessions, made payable to the WNYESC.

Please return to:

Western New York Educational Service Council
University at Buffalo
222 Baldy Hall
Buffalo, NY 14260-1000

(716) 645-2932 or FAX (716) 645-3840