



Workshop Registration Form

Workshop Title: _____ Dates: _____

Workshop Location (Facility and City): _____

Lead Facilitator: _____

Include the Facilitator Reporting Form as the cover sheet when submitting workshop paperwork!

Name (First and Last): _____

E-Mail: _____ Zip Code: _____

Phone: (____) _____ School Name: _____

School District: _____ Grade/Subject: _____

- I already receive Colorado Connections for Educators
(Workshops, teacher opportunities and grant updates) e-mails
- Please add me to the Colorado Connections for Educators e-mail list

Grade for Credit:

Name (First and Last): _____

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