

SCHOOL-WIDE SYSTEMS OF POSITIVE BEHAVIOR SUPPORT

June 26-27, 2008 - Columbus Marriott Northwest - Presenter: Dr. Terrance M. Scott

IMPORTANT NOTICE

This training will be presented for a building team consisting of a building administrator (principal or assistant principal) and up to **three additional staff** members at **NO COST** to your district. **APPLICATIONS FROM BUILDINGS THAT HAVE BEEN TRAINED PREVIOUSLY AT PBS CONFERENCES WILL NOT BE APPROVED.**

CONFERENCE REGISTRATION FORM

(Please Print or Type)

BUILDING ADMINISTRATOR _____ Title _____

(Must be a Principal or an Assistant Principal)

Team Member 2 _____ Position _____

Team Member 3 _____ Position _____

Team Member 4 _____ Position _____

School _____ School District: _____ County _____

School Address _____
(Street) (City) (Zip)

District is: City__Local__Nonpublic__EVSD__JVSD__ ESC__Community__ School Phone (____)_____

****E-mail address of Building Administrator** _____

(Confirmation letter will be e-mailed **ONLY** to the building administrator)

Summer E-mail address: _____ Summer Phone (____) _____

EFFECTIVE DATE: _____

****Special Dietary Needs (Please Describe)** _____ **For (name)** _____

Administrator is a member of ____OAESA ____OASSA ____Neither Association

NOTICE: You may change participants after the initial registration if necessary; however, please notify us immediately. If someone on your team is unable to attend, and we are not notified **BY JUNE 20**, your district will be billed for for the sleeping room and all the meals that were reserved for that person. **The total cost is \$225.**

HOTEL RESERVATION

OASSA and OAESA will provide at NO CHARGE sleeping rooms for registrants (if needed) for June 26 only. The associations encourage double-occupancy sleeping rooms; therefore, please indicate your preferred roommate. If circumstances require a single room, indicate single (S).

Name _____ Roommate _____

Name _____ Roommate _____

Name _____ Roommate _____

Name _____ Roommate _____

DEADLINE FOR RESERVING ROOM IS JUNE 4

Questions? E-mail <cburden@oassa.org>
PHONE: 614.430.8311 • FAX: 614.430.8315
INSTEAD OF CALLING OUR OFFICE, PLEASE REFER TO OUR WEBSITE TO CHECK WHETHER OR NOT YOU ARE REGISTERED. <www.oassa.org>

MAIL THIS FORM TO:

Carol Burden, OASSA
8050 North High Street, Ste. 180
Columbus OH 43235-6484



____Please check here if you are disabled and require special services. Attach a written description of your needs.