

CLARK COUNTY SCHOOL DISTRICT
PROFESSIONAL DEVELOPMENT EDUCATION
REGISTRATION FORM

Please Print

PDE # COURSE TITLE FEE:\$

Name (as listed on Personnel File): _____
Last First M.I.

Social Security Number: _____ - _____ - _____

Licensed: Support Staff: Other: _____

Home Phone Home Address City State Zip

School School Phone Current Grade Level/Subject

Year Round School: Yes No Where do you want your certificate sent? Home School

All refunds will be subject to a \$10.00 service charge *****No refunds will be made after class begins
Duplicate copies of lost PDE certificates will be provided at a cost of \$20.00 which must be paid prior to the search

FOR OFFICE USE ONLY

White Copy:PDE Office

Check _____ Money Order _____ Date Received _____ By _____ Yellow Copy:Participant 's Receipt

Please mail this form to the following address postmarked no later than December 1, 2002:

Janice Rice M Ed.
Brain Power Community Learning Center
1617 Water St. Suite F
Minden, NV 89423