

# Region III Professional Development Registration Form

**Please complete all highlighted sections of this registration form.  
The requirements are to ensure accurate contact information for workshop communications.**

<b>Personal Information</b> <input type="checkbox"/> Information Change <hr/> <b>First Name</b> _____ <b>Last Name</b> _____ <hr/> <b>Home Mailing Address</b> _____ <hr/> <b>City</b> _____ <b>Zip</b> _____ <hr/> <b>Home Phone</b> _____	<b>Work Information</b> <input type="checkbox"/> Information Change <hr/> <b>District</b> _____ <b>Campus</b> _____ <hr/> <b>Email Address</b> _____ <hr/> <b>Work Phone</b> _____ <b>Fax Number</b> _____ <hr/> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>Assignment: Circle One</b></div> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Aides</td> <td style="width: 33%;">Nurse</td> <td style="width: 33%;">Student</td> </tr> <tr> <td>Bus. Office</td> <td>Parent, Community</td> <td>Superintendent</td> </tr> <tr> <td>Central Office</td> <td>PEIMS</td> <td>Supervisor</td> </tr> <tr> <td>Counselor</td> <td>Principal/Asst. Prin.</td> <td>Teacher</td> </tr> <tr> <td>Diagnostician</td> <td>School Board Member</td> <td>Other _____</td> </tr> <tr> <td>Librarian</td> <td></td> <td></td> </tr> </table>	Aides	Nurse	Student	Bus. Office	Parent, Community	Superintendent	Central Office	PEIMS	Supervisor	Counselor	Principal/Asst. Prin.	Teacher	Diagnostician	School Board Member	Other _____	Librarian		
Aides	Nurse	Student																	
Bus. Office	Parent, Community	Superintendent																	
Central Office	PEIMS	Supervisor																	
Counselor	Principal/Asst. Prin.	Teacher																	
Diagnostician	School Board Member	Other _____																	
Librarian																			

**When payment is required, a personal check, school check or PO# MUST accompany the registration form.  
Coop/Project Membership information posted at <http://www.esc3.net> .**

Workshop #	Date	Workshop Title	Fee	Payment Method	NET3 Site**
				<input type="radio"/> Coop/Project Member <input type="radio"/> Personal Check <input type="radio"/> District Check # _____ <input type="radio"/> District P.O. # _____	
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*\*\*Complete Only for NET3 workshops. Select from the sites below.*

Austwell-Tivoli (Admin)	Calhoun (Travis)	Falls City (HS)	Matagorda (Elem)	Rice (Eagle Lake)	Weimar (Elem)
Bay City (Admin)	Columbus (Elem)	Ganado (HS)	Moulton (Admin)	Rice (HS)	Weimar (HS)
Bay City (HS)	Columbus (HS)	Goliad (Admin)	Nordheim (HS)	Runge (HS)	Westhoff (Elem)
Bloomington (HS)	Cuero (HS)	Hallettsville (HS)	Nursery	Shiner (HS)	Wharton (Admin)
Boling (HS)	East Bernard	Industrial (HS)	Palacios (Admin)	Tidehaven (HS)	Woodsboro (HS)
Calhoun (HS)	Edna (HS)	Karnes City (HS)	Refugio (HS)	Tidehaven (Admin)	Yoakum (HS Annex)
Calhoun (Seadrift)	El Campo (MeadowLane)	Kenedy (HS)	Region III ESC	Van Vleck (HS)	Yorktown (Jr. High)
Calhoun (Tech Office)	Ezzell	Louise	Rice (Admin)	Victoria Admin (**Note)	

*\*\* Note: please notify the VISD Digital Learning Lab for campus connections.*

- Registration form with payment (if applicable) must be received in our office for the registration to be processed.**
- Make checks payable to Region 3 ESC, include a district purchase order or purchase order number on the registration form.
- Participants registering on-site will be admitted based on space and material availability.

### Ways to Register

#### Online

<http://www.esc3.net>

**Only when:**

Workshop is free

Fee is paid by district coop membership

Fee is paid by district purchase order

#### Mail

Region III ESC

Attn: Workshop Registrar

1905 Leary Lane

Victoria, Texas 77901

#### Fax

361-576-4804

**Only when:**

Workshop is free

Fee is paid by district coop membership

Fee is paid by district purchase order

#### Media Van

From pick-up point at district



Please notify us 2 weeks before the workshop date for special requests.