Title: High School English Teachers Consortium

WHAT: As a member of this consortium, you will have the opportunity to collaborate with other English teachers on topics relevant to teaching English in high school. This cohort will meet four times during the 2018-2019 school year to share strategies that support best practices. The BOCES Coordinator will set an initial agenda but the cohort will set subsequent agendas and the groups’ needs and interests will shape the meetings content. Teachers should be ready to share their expertise and experiences and be open to adding to their capacities as a High School English Teacher.

WHERE: Erie 1 BOCES Education Campus, 355 Harlem Road, West Seneca, NY 14224
Rooms: A4

WHEN: Wednesday, October 10, 2018, Thursday, December 13, 2018, Tuesday, March 26, 2019, and Tuesday, May 21, 2019

REGISTRATION: 8:15am
TIME: 8:30am – 3:00pm

TARGET AUDIENCE: High School English Teachers

FACILITATOR(S): Elizabeth Fisher

COST: $600.00/per participant
Charter Schools: $660.00/per participant (For those schools not in the base service, there will be a 10% processing fee)

CTLE: CTLE Hours: 24  ELL Hours: 12  Pedagogy Hours: Yes  Content Hours: Yes

CODE: 535.009.02

Follow your school district’s procedures to register for workshops. For further information, please contact Elizabeth Fisher at (716) 821-7385. For registration information or cancellation, please contact Elvie Mertz at (716) 821-722; FAX (716) 821-7498; or Email: emertz@e1b.org. Cancellation Policy: Cancellations are required at least 48 business hours prior to the start of the workshop to allow us to fill the class from our waiting list. Failure to do so will result in your district being charged for the class. All no-shows will be billed for the full amount of the workshop.

WHEN YOU ARE OFFICIALLY REGISTERED, AN AUTOMATIC EMAIL CONFIRMATION # WILL BE SENT.
Please make sure your email is correct! We will only contact you for a wait list, event postponement or event cancellation.

Registration Form IRT#631: Please Print to complete this registration portion and return completed flyer to:
Elvie Mertz, 355 Harlem Rd., W. Seneca, NY 14224  emertz@e1b.org  FAX – 716-821-7498

Participant Type: ○ Administrator  ○ Teacher  ○ Paraprofessional  ○ Other: ______________________
Sub Reimbursement: Full: ○ YES  ○ NO
NAME: ________________________________________________________  POSITION/GRADE LEVEL: ________________
EMAIL ADDRESS: _______________________________________________

WORK PHONE: (_____) _______X______  HOME PHONE: (_____) ____________(only needed for event postponement)
DISTRICT: ____________________________________________  SCHOOL BLDG.: ________________________

NEED CTLE CERTIFICATE?  NO or YES. IF YES, PROVIDE REQUIRED MONTH & DAY OF DOB: __/____
*OPTIONAL CTLE INFO FOR CERTIFICATE: Year of DOB: _______  Last 4 Digits of SSN: _________

REQUIRED: S.D. ADMINISTRATOR'S SIGNATURE: ______________________  DATE: ____________

*****ALL BILLING WILL GO THROUGH BOCES BILLING UNLESS NOTIFIED OTHERWISE*****