

SCISC REGISTRATION FORM

Please Feel Free to Make Copies or Register Online: www.s-cook.org

To register, please fill out the registration form completely and mail or fax to:

Registrar
South Cook Intermediate Service Center
253 West Joe Orr Road • Chicago Heights, IL 60411
Phone: (708) 754-6600 Fax: (708) 754-8687

Refunds will not be issued after the deadline date, two weeks before program.

Please indicate all that apply: **Administrator** **Teacher** **Spec. Ed.** **Reading First**

Support Staff/Non-Teaching **Grade Level(s)** _____

Name _____ **SS#** _____ **** OR IEIN#** _____ ******

Title _____ **District #** _____

School Name _____

Address _____

City _____ **State** _____ **Zip** _____

School Phone _____ **School Fax** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **E-mail Address** _____

(Required for confirmation)

****REQUIRED - REGISTRATION WILL BE DENIED IF LEFT BLANK.**

Course # _____ **Program Title** _____

Date _____ **Time** _____ **Fee** _____

Payment: Total Amount _____ **Check payment option below.**

Payment option:

Check or Money Order **Cash** **P.O. #** _____

Based on enrollment, workshops may be cancelled. Please register at least two weeks prior to the event.

COMPLETION OF FORM DOES NOT GUARANTEE ENROLLMENT - PLEASE CALL (708) 754-6600 TO CONFIRM REGISTRATION.