

## Best Practices for Modifying Employee Behavior Workshops 2019-20



## **REGISTRATION FORM**

| Seating is limite  | d to 30 participants per session.    |                     |                   |        |
|--|--------------------------------------|---------------------|-------------------|--------|
| NAME   |                                      |                     |                   |        |
| POSITION   |                                      |                     |                   |        |
| DISTRICT   |                                      |                     |                   |        |
| SCHOOL   |                                      |                     |                   |        |
| ADDRESS  | ,                                    |                     |                   |        |
| CITY<br>PHONE  |                                      | E-MAIL              |                   |        |
| PHONE  | Confirmation letter                  |                     |                   |        |
|  |                                      |                     | Deviatoria Devi   | U.s.   |
|  | Session Title                        | Session Date        | Registration Dead | line   |
| Day 1: Setting   | Employee Behavioral Expectations     | November 1, 2019    | October 25, 2019  |        |
| Day 2: Reinforcing Employee Behavioral Expectations January 31, 2020 January 24, 2020  |                                      |                     |                   |        |
| Day 3: Upholding Employee Behavioral Expectations March 6, 2020 February 28, 2020  |                                      |                     |                   |        |
| NO REFUNDS AFTER REGISTRATION DEADLINES  |                                      |                     |                   |        |
| Registration fees includes boxed lunch, participant manual, coffee klatch, and working lunch.  |                                      |                     |                   |        |
| FEE PER DAY  | : ASA Memb                           | <b>er</b> (member # | ) \$              | 199    |
|  | Non-Membe                            |                     |                   | 299    |
| In order to register, a check or D.O. must be received with this form  |                                      |                     |                   |        |
| In order to register, a check or P.O. must be received with this form.  Send to: Arizona School Administrators, 1910 W. Washington St., Phoenix, AZ 85009                    |                                      |                     |                   |        |
| Email: johnh@azsa.org FAX: (602) 252-8862 Phone: (602) 252-0361  |                                      |                     |                   | ,      |
| Credit Card Payment-\$5.00 service fee (only Visa, Mastercard and Discover accepted) -First email this form to carmen@azsa.org -Second call ASA with credit card information |                                      |                     |                   |        |
| ASA OFFICIAL US  | SE ONLY (do not write in this space) |                     |                   | R-4057 |
| CHECK #  |                                      | PO#                 |                   |        |
| INVOICE #  | DEPO                                 | SIT #               | TOTAL             |        |