ISES Superusers Group Meetings 2010 - 2011 School Year

CESA 6 SMART THINKING.

ISES Superusers are invited to CESA 6 for a networking opportunity!

- **Looking for continued ISES support?**
- **Need a place to get data questions answered?**
- **Interested in networking with colleagues from other districts?**

We cordially invite you to the ISES Superuser Group Meeting. The purpose of this network is to share ISES issues and offer advice for successful and consistent implementation. We are looking for participants to bring questions, ideas, successes and challenges to spark discussion tha/st will ultimately lead to practical and uniform solutions for all districts.

Meeting Dates:
September 16, 2010
April 14, 2011

Meetings Times:
11:30 a.m. – 2:30 p.m
(registration 11:00 a.m. - 11:30 a.m.)

Location:
CESA 6 Office - Oshkosh

Registration Fee:
- $150.00 for a single Participant (for 2 meetings)
- $125.00 each for 2 or more Participants (for 2 meetings)
** Lunch and materials included

Co-Facilitated by:

Jo Ann Hanrahan, Coordinator of Differentiated Teaching & Learning - CESA 6 and
DPI Technology Consultants

Cancellation:
Any registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Because attendance at most sessions is limited, persons registering and not in attendance on the day of the session will be charged the full registration fee. CESA 6 reserves the right to cancel any session due to insufficient enrollment. Participants will be notified if a cancellation occurs.

ISES Superuser Group Meetings
September 16, 2010 and April 14, 2010   11:30 a.m. - 2:30 p.m.
CESA 6, Oshkosh

Name_____

Email Address_____

Name_____

Email Address_____

District _____

Phone Number_____

RETURN TO:
Debbie Pinkerton, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568 (920) 236-0548

Please check one:
❏ Check is enclosed, made payable to CESA 6
❏ Bill my School District, PO # _____
❏ Use my Conference Attendance Fund
   (CESA 6 employed staff ONLY)
❏ Credit Card Payment

_____
Cardholder Name

_____
Cardholder Address (include city, state ZIP)

_____
Credit Card Type (VISA, MasterCard, etc.)

_____
Credit Card Number

_____
Expiration Date   3 Digit Code on Back of Card