



Moodle and Me

November 5, 2009

8:45 am Registration 9:00 am—3:00 pm

CESA 6, Large Conference room

Registration deadline: October 29, 2009

Presenter: Paula Walser, Director of E-Learning

- **Is your district ready to create and post classes online?**
- **Are you looking for an inexpensive platform for your classes?**
- **Are you ready to create supplemental course materials for your students to access online?**
- **During this “hands-on” workshop you will learn how to create your own on-line classroom using Moodle.**

Topics covered will be:

- **Using Moodle for classroom communication, file sharing and as a digital drop box.**
- **Using Moodle for on-line supplements for face to face classes.**
- **Building actual on-line classes.**
- **Discuss additional uses for Moodle around your school.**
- **Each participant will receive a “Moodle on a Stick” (Portable Moodle solution)**

\$125.00 per person if not a CESA 6 Title IID Consortium Member

\$100.00 per person for CESA 6 Title IID Consortium Members

Registration is also available online at www.cesa6.k12.wi.us, Click *Professional Development*, then click *Register online* in the upper left corner of screen

Cancellation Policy: Any workshop registration cancellations must be received 48 hours before the workshop scheduled date, for a refund to be issued. Because attendance at most workshops has to be limited, persons registering for a workshop and not in attendance on the day of the workshop will be charged the full registration fee.

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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

Participant Name(s) _____

Cardholder Name _____

Position(s) _____ District _____

Cardholder Address (include city, state ZIP) _____

Phone (Work) _____ (Home) _____

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

Would you like to be notified by email of future CESA 6 training sessions? Yes No

Credit Card Number _____

Email Address _____ Special accommodations or dietary needs _____

Expiration Date _____ 3 Digit Code on Back of Card _____

RETURN TO:
Barb Bohn, Program Assistant CESA 6, PO Box 2568, Oshkosh, WI 54903-2568