



Food Science Equivalency

January 19, 2011

Family and Consumer Science Courses are evolving into courses with 21st Century science concepts. Please join us to learn how you can transform your Food Science Courses into science equivalency credit courses.

The workshop will include discussion around the paperwork and approval process, board approval process, a review of the curriculum crosswalk, implementation into programs of study and share time with other districts.

- Date: January 19, 2011
- Time: 8:30 a.m.—3:30 p.m. (Registration 8:00 a.m.—8:30 a.m.)
- Location: Royal Ridges Conference Center • 2 Westgate Drive • Highway 23 West • Ripon, WI 54971
- For those wishing to stay overnight, a block of rooms has been reserved at the Comfort Suites at Royal Ridges (located next to the conference center). To reserve a room, call 920.748.5500.
- Cost: \$25.00 per participant. FREE for CESA 6 and CESA 5 Carl Perkins consortium members. (Fee includes, materials, continental breakfast and lunch)
- Registration Deadline: January 3, 2011
- To register, visit http://www.cesa6.k12.wi.us/prof_dev/



For Additional Information Contact: Tania Kilpatrick, CTE Coordinator - CESA 6 - 920-236-0531 - or - tkilpatrick@cesa6.org

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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Participant Name(s) _____

Position(s) _____

District _____

Phone (Work) _____

(Home) _____

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

Email Address _____

Special accommodations or dietary needs _____

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 _____

RETURN TO:

Debbie Pinkerton, Program Assistant, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568