



SMART Board™ Training—

SMART Board™ Introductory Training

Registration deadline:
December 7, 2009

December 14, 2009

CESA 6—Oshkosh Office, Large Conference Room
8:45 am Registration
9:00 am —3:00 pm Workshop

Who should attend?

- New SMART Board™ Interactive whiteboard users
- K-12 and higher education instructors who want to understand how to integrate the SMART Board™ interactive whiteboard into their curriculum
- Anyone who wants to have a better understanding of how to use the SMART Board™ interactive whiteboard and Notebook software.

What will I learn?

- How to use Notebook software to create a presentation that's enriched with graphic detail
- How to work with applications such as Microsoft Word, Excel® and PowerPoint® on your SMART Board™ interactive whiteboard
- How to use SMART Board™ Tools to quickly access functions that help you operate the interactive whiteboard more effectively

By the end of the session, you'll be comfortable with the SMART Board™ interactive whiteboard and Notebook™ software, and know how to use them in your work.

\$125.00 per person if not an ESEA Title IID Consortium Member
\$100.00 per person for ESEA Title IID Consortium Members

Cancellation Policy: 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 reserved the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

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CESA 6—Large Conference Room

- 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) _____

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 _____

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:

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