

SMART Board Introductory Training April 8, 2011

Presenter: Paula Walser, Director of E-Learning

SMART

Certified Trainer SMART Notebook 10 software for Windows® operating system

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.

For additional Information Contact: Paula Walser, Director of E-Learning - CESA 6 - pwalser@cesa6.org

Registration Details:

- Date: April 8, 2011
- Registration Fee: \$150.00 per participant (fee includes materials, continental breakfast and lunch)
- Time: 9:00 a.m. 3:00 p.m. (Registration 8:45 a.m. - 9:00 a.m.)
- Location: CESA 6 Office - Large Conference Room
- Registration Deadline: one week prior to event (April 1, 2011)
- To register, visit http:// www.cesa6.k12.wi.us/ prof_dev/

	urs before the scheduled date for a refund to be issued. Because attendance at most sessions is limited, persons at the full registration fee. CESA 6 reserved the right to cancel any session due to insufficient enrollment. Partici-	
SMART Board Training -Introductory April 8, 2011 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	

Use my Conference Attendance
(CESA 6 employed staff ONLY)

Credit Card Payment

Cardholder Name

Position(s)

Phone (Work)

Participant Name(s)

Special accommodations or dietary needs

Cardholder Address (include city, state ZIP)

Credit Card Type (VISA, MasterCard, etc.)

Credit Card Number

Email Address RETURN TO:

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

District

(Home)

3 Digit Code on Back of Card