

SMART BoardTM Introductory Training September 22, 2011

Presenter: Paula Walser, Director of E-Learning

SMART

Certified Trainer SMART Notebook 10 software for Windows® operating systems

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: September 22, 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 2300 State Road 44 · Oshkosh WI 54903
- Registration Deadline: September 15, 2011 (one week prior to event)
- To register: visit http:// www.cesa6.k12.wi.us/ prof_dev/

	n must be received 48 hours before the scheduled date for a refund to b he session will be charged the full registration fee. CESA 6 reserved the ellation occurs.	
SMART Board Training -Introductory September 22, 2011 CESA 6 Office - 2300 State Road 44, Oshkosh		 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	Cardholder Name
Phone (Work)	(Home)	Cardholder Address (include city, state ZIP)
Would you like to be notified by email of future CESA 6 training sessions? 🗅 Yes 🗅 No		Credit Card Type (VISA, MasterCard, etc.)
Email Address RETURN TO:	Special accommodations or dietary needs	Credit Card Number

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

3 Digit Code on Back of Card