



# Statewide Title I Network

Cheryl Simonson & Linda Reetz



## Title I Coordinator Orientation

### Title I Orientation for New Title I Teachers

October 10, 2011

11:30am—3:30pm

Comfort Suites, 400 S. Koeller Street, Oshkosh

#### AGENDA

**“Frame the agenda and offer “need to know” informational orientation and as needed support for Title I Coordinators”**

**Cost: \$10/non-Title I member consortium schools**

**Lunch will be served promptly at 11:45 am with training to follow.**

**Registration Deadline:  
October 3, 2011**

**To Register: Go to [myquickreg.com](http://myquickreg.com)**

**For Additional Information, please contact:**

Cheryl Simonson, Curriculum and Assessment Coordinator  
920-236-0520 or [csimonson@cesa6.org](mailto:csimonson@cesa6.org)  
OR  
Linda Reetz, Coordinator of Title I  
920-236-0584 or [lreetz@cesa6.org](mailto:lreetz@cesa6.org)

**Title I Consortium members: Berlin, Erin, Freedom, Green Lake, Herman #22, Horicon, Hustisford, Kewaskum, Lomira, Manawa, Markesan, Mayville, Neosho J3, North Fond du Lac, Oakfield, Omro, Ripon, Rosendale-Brandon, Shiocton, Slinger, Weyauwega-Fremont, Winneconne**

**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.

### Title I Coordinator Orientation—Monday, October 10, 2011 Comfort Suites, 400 S. Koeller Street, 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 \_\_\_\_\_

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 \_\_\_\_\_

**To Register: Go to [myquickreg.com](http://myquickreg.com) to register or you may send this form to:  
Donna Runice, Program Assistant, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568, Fax: 920-424-3478**