



Maximize Your Touch

Using iPads/iPods within the High School Classroom

September 26, 2012

Presenter: Paula Walser, Director of E-Learning



The iPad changes the way teachers and students access the web, share media, and learn on the go.

Join us for this "hands-on" learning opportunity to explore the use of iOS devices including iPads, iPods and iPhones within the middle/high school classroom

Workshop participants will explore:

- basic operation and use of the ios devices including screen shots, locking, restrictions, folders and setting control.
- apps by curricular category including science, math, writing, reading, organization, music and the arts.

REGISTRATION DETAILS

- **Date:** September 26, 2012
- **Cost:** \$165.00 per person
- **Time:** 9:00 a.m. - 3:00 p.m. (Registration 8:30 a.m. - 9:00 a.m)
- **Location:** CESA 6 Conference Center • 2300 State Road 44 • Oshkosh WI 54903 (*Smart Thinking Center*)
- **Registration fee includes,** materials, continental breakfast and lunch
- **Registration Deadline:** September 18, 2012 (1 week before event)
- **Online registration available at:** http://www.cesa6.k12..wi.us/prof_dev/

- **Participants will be provided with access to a website with resources and in depth tutorials for apps.**
- **Popular accessories for use with iOS devices will also be available for exploration.**

For Additional Information Contact:

Paula Walser, Director of E-Learning - CESA 6 - 920.236.0541 or pwalsen@cesa6.org

Cancellation Policy: Any workshop registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Because attendance at most sessions has to be limited, persons registering and not in attendance on the day of the session will be charged the full registration fee.

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CESA 6 Conference Center • 2300 State Road 44 Large • Oshkosh, WI 54903
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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 http://www.cesa6.k12.wi.us/prof_dev/ ; or send completed form to:
Debbie Pinkerton, Program Assistant,
CESA 6, PO Box 2568, Oshkosh, WI 54903-2568, Fax: 920-424-3478