



# Moodle and Me

## February 2, 2010

8:45 am Registration 9:00 am—3:00 pm

CESA 6, Large Conference room

**Registration deadline: January 29, 2010**

**Presenter: Paula Walser, Director of E-Learning**

- **Is your district ready to create and post classes online?**
- **Are you looking for an inexpensive platform for your classes?**
- **Are you ready to create supplemental course materials for your students to access online?**
- **During this “hands-on” workshop you will learn how to create your own on-line classroom using Moodle.**

**Topics covered will be:**

- **Using Moodle for classroom communication, file sharing and as a digital drop box.**
- **Using Moodle for on-line supplements for face to face classes.**
- **Building actual on-line classes.**
- **Discuss additional uses for Moodle around your school.**
- **Each participant will receive a “Moodle on a Stick” (Portable Moodle solution)**

**\$125.00 per person if not a CESA 6 Title IID Consortium Member**

**\$100.00 per person for CESA 6 Title IID Consortium Members.** Districts include:

Freedom, Green Lake, Herman, Horicon, Kewaskum, Lomira, Manawa, Neosho, Omro, Shiocton, Weyauwega/Fremont

In case of inclement weather please check our website at [www.cesa6.k12.wi.us](http://www.cesa6.k12.wi.us), then CANCELLATIONS.

Registration is also available online at [www.cesa6.k12.wi.us](http://www.cesa6.k12.wi.us), Click *Professional Development*, then click where it says *Click here to view a calendar of professional development activities*.

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.

**Moodle and Me**  
**CESA 6, Large Conference room**  
 February 2, 2010  
 9:00 am —3:00 pm

**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) \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Position(s) \_\_\_\_\_ District \_\_\_\_\_

Cardholder Address (include city, state ZIP) \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Credit Card Type (VISA, MasterCard, etc.) \_\_\_\_\_

Would you like to be notified by email of future CESA 6 training sessions?  Yes  No

Email Address \_\_\_\_\_ Special accommodations or dietary needs \_\_\_\_\_

Credit Card Number \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ 3 Digit Code on Back of Card \_\_\_\_\_