



ISES/CWCS Superusers Group Meeting 2012 - 2013 School Year

Thursday, October 11, 2012 • 11:30 am - 2:30 pm
Tuesday, February 5, 2013 • 11:30 am - 2:30 pm

Facilitated by:
Tere Masiarchin, CESA 6 ELL/Global Languages Coordinator

Description

We cordially invite you to the ISES/CWCS Superuser Group Meeting. The purpose of this network is to share ISES/CWCS issues and offer advice for successful and consistent implementation. We are looking for participants to bring questions, ideas, successes and challenges to spark discussion that will ultimately lead to practical and uniform solutions for all districts.

We will also provide updates on the progress of the new Statewide Student Information System (SSIS) which is coming soon. The new SSIS will integrate ISES and CWCS into one system.

Workshop Objectives

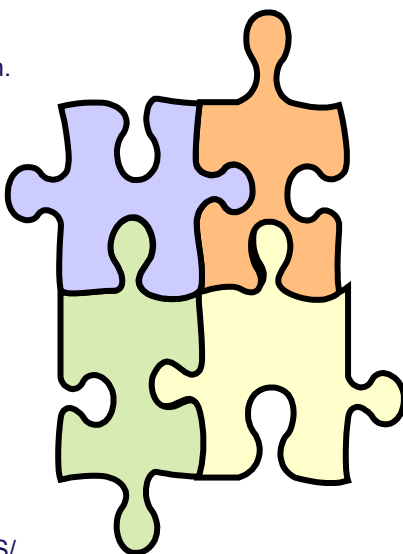
- Continued ISES/CWCS Support
- Get your data questions answered
- Network with colleagues from other districts

Who should attend?

- School district staff responsible for inputting ISES/CWCS data.
- School district staff interested in knowing about the progress on the new Statewide Student Information System and its capabilities.

For additional information contact:

Tere Masiarchin, CESA 6 ELL/Global Languages Coordinator - tmasiarchin@cesa6.org or 920.236.0548



Registration Details

- **Date:** October 11, 2012 and February 5, 2013
- **Registration Fee:**
 - ✓ \$150.00 per single participant (for 2 meetings)
 - ✓ \$125.00 per person for 2 or more participants (for 2 meetings)
 - ✓ Fee includes materials and lunch
- **Time:** 11:30 am - 2:30 pm
- **Onsite check-in:** 11:00 am - 11:30 am
- **Location:**
CESA 6 Conference Center
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:**
October 4, 2012
- **Online registration:** http://www.cesa6.org/prof_dev/

Cancellation Policy: Any registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Because attendance at most sessions is limited, persons registering and not in attendance on the day of the session will be charged the full registration fee. CESA 6 reserved the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

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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 _____

To Register: Go to http://www.cesa6.org/prof_dev/ or send completed form to:
Debbie Pinkerton, Program Assistant,
CESA 6, 2935 Universal Court, Oshkosh, WI 54904, Fax: 920-424-3478

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

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 _____