



This event is presented by the CESA 6 Statewide Title I Network Staff

Statewide Title I New Coordinators Meeting

Monday, September 9, 2013 • 8:30 a.m. - 11:30 a.m.

Presenter: Mary Ann Hudziak
CESA 6 Coordinator of ESEA Support & Mathematics

Description

This orientation is for new and returning Title I Coordinators. Participants will review key timelines and learn about Title I program requirements and required documentation.

Objectives

This meeting will review the role and responsibilities of the designated Title I Coordinator.

Who should attend?

This orientation is for new and returning Title I Coordinators.

For additional information contact:

Mary Ann Hudziak, CESA 6 Coordinator of ESEA Support & Mathematics - mhudziak@cesa6.org or 920.236.0523

Registration Details

- **Date:** September 9, 2013
- **Registration Fee:**
 - ✓ No charge for CESA 6 Title I Quality Program Support Districts; All other districts \$25.00/person
 - ✓ Fee includes materials, and snacks
- **Time:** 8:30 a.m. - 11:30 a.m.
- **Onsite check-in:** 8:00 a.m. - 8:30 a.m.
- **Location:**
CESA 6 Conference Center
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:**
September 5, 2013



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 reserves the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

Statewide Title 1 New Coordinators Meeting September 9, 2013

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:
Sue Christensen, 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 _____