

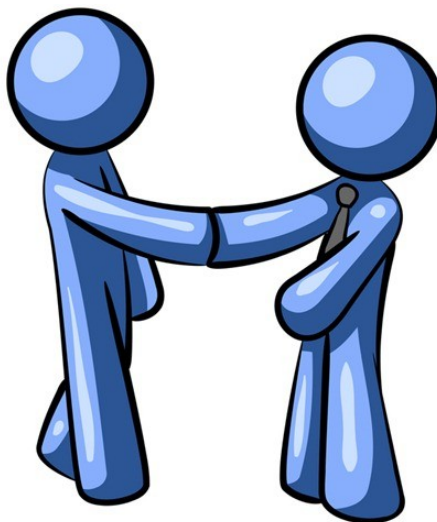


School Counseling Network Session with DPI

December 19, 2013 • 9:00 am - 12:00 pm

Presenter: Gregg C. Curtis, PhD
DPI School Counseling Consultant

Gregg C. Curtis, DPI School Counseling Consultant, will be joining us on December 19, 2013 for a networking meeting to discuss the following items:



- Educator Effectiveness and Counseling
- Academic and Career Planning
- What's next when implementing the Wisconsin Comprehensive School Counseling Model

Registration Details

- **Date:** December 19, 2013
- **Registration Fee:**
√ FREE
- **Time:** 9 am - 12:00 noon
- **Onsite check-in:** 8:30 am - 9 am
- **Location:**
CESA 6 Conference Center
2300 State Road 44
Oshkosh WI 54903
- **Registration Deadline:**
December 12, 2013
- **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.

For additional information contact:

Tania Kilpatrick, CESA 6 CTE Coordinator - tkilpatrick@cesa6.org or Jackie Schoening, Wisconsin Safe & Healthy Schools Coordinator, CESA 6 Safe & Healthy Schools Coordinator - 920.236.0100

School Counseling Network Session with DPI December 19, 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:
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 _____