

****NO CONFIRMATION of your reservation will be sent.**
You will be notified ONLY if we cannot accommodate your request. **

Substitute Orientation RESERVATION FORM

Registration is limited to the first 100 at each session.

Please turn in this form via one (1) of the following methods:

Fax: *Attn: Substitute Teaching to 330-945-6222*

Email: [**darcib@cybersummit.org**](mailto:darcib@cybersummit.org)

Drop off OR Mail to: *Summit County ESC (***this is also the location for the Orientation***)*
 Attn: Substitute Teaching
 420 Washington Ave
 Cuyahoga Falls OH 44221

NAME: _____

E-MAIL: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

My Completed sub packet (includes all 7 items): ***If you do not know what these items are, please go to <http://www.cybersummit.org/HumanResources/SubInfo/Default.aspx>.***

___ is enclosed with this Reservation Form.

___ will be brought to Orientation.

___ was previously turned in to the Summit County ESC on _____ (date).

___ is online; attached to my application in School Recruiter.

Please be sure to bring 2 ORIGINAL forms of Government issued I.D. to Orientation.
NO PHOTO COPIES WILL BE ACCEPTED!

RESERVATION DATE – Select only ONE (1):

___ *I wish to attend the May 1, 2012 session beginning at 9:00am.*

___ *I wish to attend the May 1, 2012 session beginning at 1:00pm.*