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***

Drop off OR Mail to:

Summit County ESC
Attn: Substitute Teaching
420 Washington Ave
Cuyahoga Falls OH 44221

NAME:_____

E-MAIL:_____

HOME ADDRESS:_____

CITY/STATE/ZIP:_____

PHONE:_____

RESERVATION DATE – Select only ONE (1):

_____I wish to attend the October 6, 2010 session beginning at 1:00pm.

*****The 9:00am session is full.*****

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