**VIRGINIA DEPARTMENT OF EDUCATION**

**WORK-BASED LEARNING COOPERATIVE EDUCATION COORDINATORS WORKSHOP PRE-REGISTRATION FORM**

Return **by March 13, 2015** to: Virginia Department of Education

Office of Career & Technical Education Services

P. O. Box 2120 (101 N 14th Street)

Richmond, VA 23218-2120

Fax: 804.530.4560

E-mail: CTE@doe.virginia.gov

***Directions:*** *Please complete the workshop registration information below for each registrant. If you anticipate having a new cooperative education coordinator who has not been identified, for teacher name insert “To Be Determined,” the program area, school name, school division, and CTE Administrator contact information.*

*Pre-registration forms may be submitted after the pre-registration deadline; however, additional participants will be accepted based on available space.*

**Workshop Registration Information:**

Teacher Name:       CTE Program Area:

School E-mail:       School Phone:

School Name:       School Division:

CTE Administrator:

**Summer mailing address where you can be reached for updated information:**

Home Street Address:

Home City, State, Zip Code:

Summer Telephone Number:

Home E-mail:

**CHECK YOUR COORDINATION STATUS BELOW:**

[ ]  New cooperative education coordinator for the 2015-2016 school year.

[ ]  Experienced coordinator but has not participated in a state-sponsored workshop. (Indicate the number of previous years of coordination     .)

[ ]  Experienced coordinator who needs updated information. (Indicate the years since last training update     .)

***NOTE:*** *Lodging and other workshop information will be sent to all registrants after May 15, 2015.*

I certify the individual listed above has permission to attend the Cooperative Education training as described, and if unable to attend, will notify the Department of Education in sufficient time to cancel lodging, if applicable, and any meal requirements.

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 CTE Administrator Signature Date