

Teacher Professional Development Workshop – June 10-15, 2012

Application

Name					
		Pleas	se Print Clearly		_
	Schoo	ol Contac	t Information		
School Name Street Address City Zip Code Phone Email					
	Summ	er Contac	t Informatio	n	
Street Address City Zip Code Phone Email					
Classes and grade(s) you teach:					
Do you want lodgin	g at BHSU?	YES	NO	MAYBE	
Will you be bringing	g a laptop?	YES	NO	MAYBE	
DEADLINE FOR R	ECEIPT OF T	HIS APPLIC	CATION IS Mar	ch 12, 2012	
RETURN APPLICA	ATION TO:				
Phone: E-mail:	Peggy Norris Deputy Direc (605)-722-50 pnorris@san	tor of Educa 49	ation, Sanford U Fax:	nderground Lab/BHSU (605) 722-8654	





