



EDCO Collaborative
Professional Development Programs
Registration Form for IDEAS Courses
Phone (339) 222-5606 / Fax (781) 290-4923
jbagni@edcollab.org

Participant Name:

**Workshop Title
& Date(s):**

Grade/Position:

School:

District:

School Phone:

Home Address:

Home Phone:

School email:

Home email:

Method of Payment

Please choose one of the following options:

Check one and provide information where necessary.

Checks/POs are payable to: EDCO Collaborative, 36 Middlesex Turnpike, Bedford, MA 01730

Personal Check *(if participant is paying for himself/herself)*

P.O. # _____

Principal's authorization _____