



2024-25 CEEL LEADERSHIP WORKSHOP
COACHING: HELPING OTHERS ACHIEVE THEIR FULL POTENTIAL
OCTOBER 1, 2024

PRE- REGISTRATION FORM
Payment must be attached.

Registration Fees

SCASA Members

\$320

Non-Members

\$495

Name: _____

Title: _____ Work Telephone: (____) _____

District: _____

School: _____

Address: _____ City/State/Zip _____

Email: _____

Cell Phone Number: (____) _____

Please select the job category that best describes your role:

- | | | |
|---|---|--|
| <input type="checkbox"/> Assistant Superintendent | <input type="checkbox"/> Adult Education Director | <input type="checkbox"/> Career & Technology Director |
| <input type="checkbox"/> Director of Curriculum & Instruction | <input type="checkbox"/> Director of Elementary Education | |
| <input type="checkbox"/> Director of Secondary Education | <input type="checkbox"/> Early Childhood Director | <input type="checkbox"/> Finance Director |
| <input type="checkbox"/> Personnel Director | <input type="checkbox"/> Student Services Direct | <input type="checkbox"/> Technology Director |
| <input type="checkbox"/> Elementary Principal | <input type="checkbox"/> Middle Level Principal | <input type="checkbox"/> Secondary Principal |
| <input type="checkbox"/> Elementary Assistant Principal | <input type="checkbox"/> Middle Level Assistant Principal | <input type="checkbox"/> Secondary Assistant Principal |

▶ ▶ **PAYMENT MUST BE INCLUDED WITH THIS PRE-REGISTRATION FORM.** ◀ ◀

Cancellation Policy: Cancellations must be submitted by September 17, 2024, and submitted in writing to april@scasa.org. Cancellations are subject to a \$60 cancellation fee. Cancellations received after September 17, 2024, will not be refunded.

Registrant's Signature

Date

Method of Payment: (check one)

Personal check attached*

District/School check attached*

***Limited Availability - All CEEL Workshops!**

Please submit this pre-registration form and check payment as soon as possible to secure your spot in this workshop. Spots will fill quickly. *Walk-ins will not be accepted.*

MAIL THIS FORM WITH PAYMENT TO:
SCASA, One Fernandina Court, Columbia, SC 29212